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ABSTRACT

Numerous topics related to the counseling profession are discussed in these four issues. Articles in volume 22 are: (1) Using Stress to Succeed (Robert E. Mathiasen); (2) Learning from Each Other (Linnea White); (3) A Comparison of Social Skills Training Methods with Educable Mentally Handicapped Students from a Rural High School (Elizabeth Smith and Sandra Squires); (4) A Counselor's Look at Bush's Seven (John E. Dunn); and (5) Administrators' Perception of an Elementary Counseling Role: Actual and Ideal (C. Timothy Dickel). Volume 23 contains: (1) Incest: An Overview of Background Definition, Coping, Victims, Treatment and Healing (Myrl M. Merchant); (2) Ten-Steps to Doing Primary Prevention (C. Timothy Dickel and James A Boytim); (3) The Status of Counselors in the Elementary Schools In the State of Nebraska: A Research Report (Linda K. McGlynn and Tommie R. Radd); (4) Gender Discrimination: A Challenge for Counselors (Elisabeth Sundermeier Emmer); and (5) Licensure for Counselors (Gale Oleson and Kathy Brockman Oleson). Volume 24 contains: (1) Mergers Give New Life to Not-For Profit Agencies: Issues and Guidelines for Successful Mergers (Betsy VanderVelde; And Others); (2) Identity Formation and Counseling (Steve Gardiner); (3) The Components of Good Mental Health; The Search for Solutions (Ross Pilkington and Joe L. Davis); (4) Extratreatment Factors and Life Functioning After Substance Abuse Treatment: Stressors, Coping Responses, and Friends (Sandra K. Broz); (5) Starting a Private Practice (Linnea White). Volume 25 contains: (1) Role of the Employment Counselor Appendix H (Olie Ahlquist); (2) Basic Tools for Marriage Counselors: Twelve C's for Successful Marriage (Elaine Wells); (3) Self-Esteem: The Missing Piece of Stress (Marlene M. Kuskie); (4) Erik Erikson, The Nebraska-South Dakota Connection (C. Timothy Dickel); (5) Counseling the Chronically Ill (Loren H. Froehlich, and Sharon Walker); and (6) Selective Relaxation Techniques in Brief Counseling Situations (Jeff Harvey, and Joe L. Davis). (CR)

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A NOTE FROM YOUR EDITOR:

Time! Time! The older I get the more I am inclined to believe I've been shorted of that equally allotted share. Rationalization is rarely functional but for a new journal editor, my first time around, I'll use it.

My sincere thanks are extended to all the individuals who put part of themselves into writing and submitting it to ***The Nebraska Counselor***. You professional counselors are absolutely essential to our having this voice of identity. Resolve to afford yourself a writing achievement.

In another effort to encourage you to attempt your own writing I will present a short workshop at our fall NACD convention in Omaha. Please consider joining me and experiencing greater enjoyment through writing. All of us need a little encouragement to write once in awhile and I will attempt to do this at this workshop.

Please notice our advertisers; they are vital to our having a journal. Their advertising dollars carry the bulk of our publishing costs. Say something nice to them whenever you have the opportunity.

In conclusion, I would solicit your constructive comments for improving our journal. My purpose is to make our journal an active reflection of our professional status, so write, share and suggest. Together we grow!

Your Editor,

Loren H. Froehlich

From the Associate Editor,

Bob Dylan, who recently turned fifty, (gasp!) is known for saying,"...if you're not busy being born, you're busy dying." Our new journal editor, Loren Froehlich, is busy being born.

I want to thank Loren for growing, accepting new challenges, and giving us a new edition of ***The Nebraska Counselor***. It is not possible to publish a journal without contributors, of course, and a special note of thanks is due these professionals. Loren is not alone in this business of being born.

It is unfortunate that we were unable to publish a fall edition of our journal. As you know, we were without an editor for many months. Loren is to be commended for his willingness to guide ***The Nebraska Counselor*** into the 90s.

There are many of you "...busy being born...". Please share your current research, ideas, and best practices to reflect the positive change in counseling in Nebraska.

Your Associate Editor,
Elizabeth (Beth) Draper

USING STRESS TO SUCCEED

by
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The American Heritage Dictionary defines stress as "a mentally or emotionally disruptive or disquieting influence; distress." (Morris, 1985, p. 1205). This definition reflects how most people view stress, i.e., as something unhealthy and bad which must be avoided. In general, the term "stress" has been getting bad press lately. The negative effects of stress on health, relationships, and job performance has been the topic of many radio/television programs and popular magazine articles.

In the behavioral sciences, stress has been defined as a "response to anything that requires a demand for adjustment." (Poduska, 1980, p.120). This response (positive or negative, healthy or unhealthy) is a function of (1) the demands of the environment and (2) one's interpretation of those demands.

Thus, an objective definition of stress from this perspective is not possible because people perceive the demands of the environment differently. Pearlin et al (1981) spoke of "life strains"; Lazarus (1966) of the "appraisal process." An event or life situation, such as a job change or giving a speech, may be stressful for one person but not for another. Each person has an average acceptable environment which sets the range (threshold) of stress levels the person can handle. These are stress levels the person has learned to adapt to by personal development and past experience.

Research on test anxiety shows the effects of stress on academic performance. In a study examining the characteristics of college honor students, Mathiasen (1985) found that these students need a certain degree of stress (facilitating anxiety) in order to perform well on examinations. Other students become over-stressed in an examination situation and the stress level interferes or blocks retrieval of material learned while studying. Some other less motivated 'under-stressed' students lack the energy or desire to succeed.

The effects of stress on human cognitive processing also has been shown. Buckhout (1982) argued that the testimony of a distant eyewitness of a crime may be more accurate than that of the store clerk being robbed at gunpoint. The clerk's stress level may have been so high that stress interfered with perception, learning, and memory.

Morse and Furst (1979) distinguished between three types of stress: distress, neustress, and eustress. If the stress response is unfavorable and unhealthy, it is distress (prefix "dis" = bad or negative). For example, excessive worrying can lead to ulcers and high blood pressure. If the stress response is necessary for day-to-day functioning in the environment and maintenance of an internal steady state (homeostasis), it is neustress (prefix "neu" = neutral). For example, neustress is necessary in order to maintain breathing, heart rate, and body temperature. If the stress response is favorable and results in improved physical, psychological, and social functioning, it is eustress (prefix "eu" = good or healthy). For example, exercise, proper nutrition, meditation, and a positive attitude can improve the quality of one's life.

Stress, up to a point, can be growth promoting and can produce adaptable responses to the demands of the environment (Hanson, 1986). In fact, some people seem to thrive on "healthy" levels of stress. Actors, athletes, paramedics, surgeons, and firemen are among those who perform well under intense environmental demands and extraordinary pressures. Their stress threshold is such that it gives them that "edge."

People chose to either cope with or adapt to stress. Coping is being at the mercy of the environmental forces beyond one's control and painfully dealing with the demands of life (Rotter, 1966). Adapting, on the other hand, is assimilating the demands of the environment into one's general schematic structure (Piaget, 1970). This allows the person to achieve optimal functioning at all levels (physical, psychological, social).

Counselors must be able to identify the stress thresholds of their clients and be sensitive to individual differences in response to the demands of life. Stress becomes negative and unhealthy when the demands of life become (or are perceived as) excessive and adaptation is too difficult. When the effects of stress are viewed as overwhelming, one becomes over-stressed (i.e., distressed) and changes in lifestyle should be considered.

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LEARNING FROM EACH OTHER

by

Linnea White

Assistant Professor, Creighton University

On a Friday afternoon a few weeks ago my son came home from kindergarten crying and saying that Steve, our neighbor and his best friend, was having a sixth birthday party and that he wasn't invited. I was astounded and thought that he was surely mistaken. I said something intelligent like "What?" He named the children who were arriving at Steve's house and said that Steve's mother would not let him come in. I didn't know what to do. He started crying again, as if his heart were breaking. I sat down on the

the floor of the living room and held him on my lap while he cried.

In a few minutes, he pushed out of my arms. He went into the bedroom searched for and found the wrapping paper, and brought a newly acquired helicopter out to me and asked for my help in wrapping up a present for Steve. He was sure that if he brought a present, he could go to the party.

When I tried to explain about being invited and why he shouldn't wrap the present, he cried again. He kept thinking of things to do so that he could go to the party. He begged me to call Steve's mom. Then he asked me to walk over to Steve's house with him. I wasn't willing to walk with him nor to call. All I could think to do was hold him in my arms and listen. I was angry at this gratuitous insult. Steve plays in my house at least ten hours a week. David cried off and on for a half hour and then we watched a movie while sitting together.

The next morning David and I were waiting for a friend of mine to arrive so we could go to the Strategic Air Command Museum for a visit. David asked if he could ask Steve to go with us. I said, "No, I don't want him to. I'm still mad about the birthday party." My son said, "What birthday party?" I said, "Steve's birthday party yesterday." He looked blank.

I understood from his words and his look that yesterday and yesterday's feeling didn't exist anymore. In fact, David called Steve and invited him to go with us. Steve came right over and they played until we all went to the SAC Museum. He spent six hours with us that Saturday. I didn't bring up the birthday part and neither did David.

I have thought a lot about this episode and the difference between David's experience and mine. I think this is a parable about values.

I normally think of myself as a mostly accepting, loving, and forgiving person. I have worked hard to grow myself to this point. Over the years, I have practiced forgiveness, ranging from agreeing never to mention again some disagreeable experience (while reserving the right to think and feel about it!) to understanding that the person who hurt me was doing the best they could toward their own goals at the moment. I have grown in capacity to forgive and I have shortened the amount of time that I hold grudges.

I have not been able to forget so completely from one day to the next the hurt that some person has done me. I think perhaps only a child who truly lives in the present could live this ideal. But I think it is an ideal that I want to hold up to myself.

There are several values here: living in the moment, wanting what you want, crying when hurt, and being done with it when it is over. These values are the values taught children bring into the world. Young children are spontaneous, expressive, and curious. They express their feelings when they feel them. They know what they want and feel.

Being in touch with inner experience is the capacity which Rogers and Stevens address in their book, ***Person to Person: the Problem of Being Human*** (1967). Stevens writes movingly about her own journey from knowing what she wants and feels as a child to losing that knowing and being crazy and then on to knowing again and acting on her own inner sense of what is right for her in any given moment. Rogers describes an inner organismic basis for an ongoing valuing process which leads to a common set of self enhancing values. He indicates that people grow in their capacity to be in touch with this inner knowing when provided with the conditions for growth that Rogers identified as congruence, empathy, and positive regard.

As children we need love; we need approval; we need food and shelter. Most of us give up being in touch with our inner sense of valuing and taken in external values imposed by others in order to get along. Then we live by these introjected values for years.

As adults, most of us have to work on ourselves to recapture the inner experience of valuing. I know that my own personal growth has occurred when people have accepted and valued me despite my shortcomings.

As counselors and teachers, I think our most important work is to provide those conditions for growth which Rogers called congruence, empathy, and positive regard, for students, clients, and colleagues. In other words, our being ourselves with others is the most important aspect of our work.

However, our workloads and working conditions conspire to help us forget what we value and believe. There are always pressures to say the right thing or the polite thing, to keep out of trouble with bosses or colleagues, rather than being real. There are pressures to cover the material in the lesson rather than attend to the living human beings in front of us.

I believe that we must provide for each other those conditions of warmth, acceptance, and congruence, in order to make our working possible. We need to seek out those people with whom we can express our feelings and thoughts spontaneously, knowing that we won't be judged. Our own continuing personal growth must be a high priority, because we are the models by which others see what we espouse.

The children we know can be models for us of being in touch with and expressive of inner awareness. We are models for them of congruence, love and respect for individuals. They learn what we do.

Reference

Rogers, Carl R. and Stevens, Harry. ***Person to Person: the Problem of Being Human.*** Lafayette, California. Real People Press, 1967.

A COMPARISON OF SOCIAL SKILLS TRAINING METHODS WITH EDUCABLE MENTALLY HANDICAPPED STUDENTS FROM A RURAL HIGH SCHOOL

by

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INTRODUCTION

In the last decade special educators have given considerable attention to the lack of social skills displayed by disabled students as one explanation for unsuccessful mainstreaming (Gresham, 1981). Students are not accepted simply because of their presence in a regular education setting, in fact there may be very little interaction with their non-disabled peers. There is some evidence that students served in segregated settings may be better accepted than those placed in mainstreamed classes (Gresham, 1982). As a result there has been recent attention given to teaching social skills to students with disabilities to improve acceptance by their peers (Gresham, 1982; Shumaker, Pederson, Hazel and Meyen, 1983; Morgan and Jenson, 1988; Schloss, Smith and Schloss, 1990). The components of effective social skill development vary somewhat from author to author, but typically include direct instruction through modeling, problem solving, and behavior rehearsal (La Greca, A. Stone, W. & Bell, 1983; Morgan & Jenson, 1988; Schloss, et.al, 1990). The modeling of correct behavior can be presented either through live or film segments (Gresham, 1982).

Since the ability to secure and retain a job is a significant part of training for persons with mental disabilities (Clark and Kolstoe, 1990), the necessity to demonstrate adequate social skills with employers and coworkers to insure successful job placement in the community can be inferred from the literature on social skills training in the mainstream (Bullis and Foss, 1986; Schloss, Smith, and Schloss, 1990). Persons with mental disabilities can compensate for their learning deficits and gain access to a competitive job market if they demonstrate the appropriate social skills in that setting (Bullis and Foss, 1986). Five behaviors that were identified as being the most relevant to remaining on a job were: following the supervisor's instructions, responding appropriately to supervisor's criticism or correction, refraining from irritating or bizarre behavior, working independently of direct supervision, and maintaining an appropriate personal appearance (Foss and Peterson, 1981).

The development of the Test for Interpersonal Competence for Employment (TICE), has served as a general screening instrument to specifically assess social skills and problem solving deficits related to vocational needs (Bullis, Cheney, and Foss, 1986). In addition, it has also been suggested as a dependent measure to measure the impact of a social skills training program in its subareas: (1) handling criticism and correction, (2) requesting assistance, (3) following instruction, (4) handling teasing and provocation, (5) resolving personal concerns, and (6) cooperative work behavior. Used as a dependent measure, TICE can be used to pinpoint gross knowledge deficits which can be remediated through social skills training (Bullis & Foss, 1986).

In conjunction with the TICE, Foss and Vilhauer (1986) developed a skills training program called the Interpersonal Skills Training for Employment (ISTE). The ISTE shows video segments of social skills problems in the work place. The teaching follows the following sequence: modeling, problem solving, and behavioral rehearsal.

PURPOSE

The purpose of this study was to determine whether instruction in ISTE improved social skills in secondary level students with mental retardation. This study was limited to those students in secondary special education classes available in a Midwestern rural school district.

METHODOLOGY

There were fourteen students verified as educable mentally retarded in grades 7 through 12 who participated in this study. A repeated measures design was used with one experimental (n=6) and two control groups (n=4 and n=4). TICE was used as the dependent measure as a pre and post measure for all three groups. The ISTE instruction was used with the experimental group, a teacher-made curriculum drawn primarily from textbook chapters on topics related to work situations was used with the second group. The third group did not receive any specific social skills situations instruction. All the students were in a work-related curriculum and several were in supervised work situations.

RESULTS

The percentage of correct responses for the six TICE subtests in the two test areas were calculated for each student. A statistical analysis was completed to compare the differences between the pre and post TICE scores using the Wilcoxon Matched Pairs Signed-Ranks Test. Both subtest scores and area scores were analyzed. The results of all the subtest scores and area scores for TICE for the experimental group, teacher-made curriculum control group, and no intervention control group are reported in Tables 1, 2, and 3, respectively. As noted in the tables, there was a significant difference for those students in the experimental group who received the ISTE instruction for social skills. There was no significant difference in any of the areas for either of the two control groups.

DISCUSSION & CONCLUSIONS

In the six subareas judged to be reflective of successful employment, the scores of the six students receiving the ISTE curriculum clearly showed significant social skills improvement as measured by the TICE while scores of the two control groups showed no significant improvement. The areas of improvement for all students receiving the ISTE social skills training were following instructions, requesting assistance, handling criticism, cooperative behavior, handling teasing and provocation, and resolving personal concerns.

These findings clearly support that for these students the ISTE curriculum was effective in teaching social skills. It used the recommended modeling, problem solving, and behavior rehearsal sequence with videotaped situations. The activities for the group receiving the teacher-made social skills training consisted primarily of textbook activities involving paper and pencil activities and discussion. The recommended sequence involving the direct instruction of social skills was lacking in this method. Despite the sample size, it appears that the recommended sequence of teaching social skills for students with disabilities in classroom situations (Morgan and Jensen, 1988; Schloss, et.al, 1990) also has efficacy for social skill instruction in work related situations. Secondly, the ITSE videotape segments which modeled social problems on the job and their solutions provided structured opportunities for behavioral rehearsal (role play) and discussion whereas the teacher made curriculum provided neither a behavioral model nor behavioral rehearsal, although it did provide for discussion. Third, using video segments related to work situations was relevant to the students in a work related curriculum. Experimental group subjects reported repeatedly that the situations addressed in the curriculum were real events in their lives. The lessons students reported as especially relevant were handling verbal teasing, criticism and correction, and difficulty understanding instructions. As a result of this study, the authors concur that social skills must be taught directly to students with mild mental disabilities; that social skills can be taught for work related situations; and that effective teaching includes modeling, behavioral rehearsal, and discussion.

Table 1

Wilcoxon Matched Pairs Signed Ranks Test

ISTE Experimental Group

SUPERVISOR TEST						CO-WORKER TEST			
Student Number		Following Instructions	Requesting Assistance	Handling Criticism	Total	Cooperative Behavior	Teasing	Personal Concerns	Total
1	Pre	70	77	58	74	85	55	33	56
	Post	70	88	100	87	67	199	45	70
2	Pre	80	55	100	80	58	66	44	56
	Post	100	100	100	100	75	100	55	76
3	Pre	50	55	66	58	41	66	77	60
	Post	90	88	100	93	66	77	77	73
4	Pre	80	77	83	80	33	77	66	56
	Post	100	100	91	96	75	66	77	73
5	Pre	90	100	83	90	91	100	44	80
	Post	100	100	100	100	91	100	88	93
6	Pre	60	67	66	58	41	77	55	56
	Post	70	78	83	78	59	89	67	70
		p<.02*	p<.02*	p<.02*	p<.02*	p<.04*	p<.02*	p<.02*	p<.02*

*p<.05

Table 2

Wilcoxon Matched Pairs Signed Ranks Test

Teacher Made Curriculum Control Group

SUPERVISOR TEST						CO-WORKER TEST			
Student Number		Following Instructions	Requesting Assistance	Handling Criticism	Total	Cooperative Behavior	Teasing	Personal Concerns	Total
7	Pre	80	77	50	67	50	66	55	56
	Post	80	66	58	67	41	33	55	43
8	Pre	90	88	50	74	58	44	45	50
	Post	70	66	58	64	41	55	55	50
9	Pre	60	77	58	64	75	88	77	80
	Post	80	88	58	74	75	66	33	60
10	Pre	80	100	83	87	83	66	88	80
	Post	90	77	91	87	75	66	89	76
		p=ns	p=ns	p=ns	p=ns	p=ns	p=ns	p=ns	p=ns

P= not significant

Further Research

Due to the small sample size, the rural nature of the population, and the inability to obtain a random selection, other researchers may want to test the effectiveness of the ISTE program with other students who have mental disabilities. There is also a need to reassess students trained in the ISTE curriculum to determine its long term effects. The nature of the population and the new situations encountered in the work place may require social skills training as an on-going part of adult education for persons with mental disabilities.

A Comparison of Social Skills Training Methods with Educable Mentally Handicapped Students from a Rural High School

Table 3

Wilcoxon Matched Pairs Signed Ranks Test

No Intervention Control Group

		SUPERVISOR TEST				CO-WORKER TEST			
Student Number		Following Instructions	Requesting Assistance	Handling Criticism	Total	Cooperative Behavior	Teasing	Personal Concerns	Total
11	Pre	100	88	100	96	91	33	66	66
	Post	90	88	83	87	83	55	100	80
12	Pre	60	33	41	45	41	33	33	36
	Post	90	55	58	67	66	55	66	63
13	Pre	60	66	58	61	75	88	77	80
	Post	40	100	83	80	83	88	77	83
14	Pre	90	88	83	87	58	88	66	70
	Post	80	88	75	80	66	77	77	73
		p=ns	p=ns	p=ns	p=ns	p=ns	p=ns	p=ns	p=ns

P= not significant

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A COUNSELOR'S LOOK AT BUSH'S SEVEN

by
John E. Dunn,
Professor/Chair of Psychology, Chadron State College

Abstract

In September 1989, an Educational Summit was attended by the nation's governors. The meeting was held on the campus of University of Virginia, Charlottesville, Virginia, at the request of President Bush. The purpose of this paper is to inform counselors of the suggested plan devised to improve the nation's schools. The seven points of interest are presented and related to current trends that may effect various counselor programs.

President Bush met with the nation's governors at the University of Virginia in Charlottesville, VA, September 27-28, 1989, for an Educational Summit. A concluding statement was read, "We believe that the time has come.... to establish clear, national performance goals" (Hitchings, 1989, p. 723).

Seven areas indicated where progress was needed:

1. Early childhood;
2. Test performance particularly in science and math;
3. Drop-out reduction; improved academic performance;
4. Upgraded adult literacy;
5. Improved training for a competitive work force;
6. Qualified teacher supply; up-to-date technology;
7. Safe, disciplined and drug-free schools.

The Senate on February 7, 1990, passed legislation to authorize $441 million in new education programs in fiscal 1991, Educational Excellence Act appropriations (Zuckman, 1990). Bush's education budget called for 2% funding increase; inflation rise was expected to be 4%.

1. Early Childhood

Smart Start, the Act for Better Child Care,broadly recognized parts of the early childhood system. The Child Development and Education Act (Hawkins Bill) was separated by age for funding, this could result in parents with pre-school children in three different locations for early childhood funded services.

'Healthy Start' programs for disadvantaged students under Chapter 1. The Senate authorized $60 million in fiscal 1991, an increase of $10 million for the existing Even Start Programs serving illiterate parents of preschoolers.

2. Test Scores

Test scores were used to assess school systems. Fair Test, a survey, estimated more than 105 million standardized tests were given nationally per year.

The SAT is currently being revised by including an essay section increasing the amount of reading comprehension to 80% of the verbal section, and using open-format questions in the math section.

The Ford Foundation has committed $10 million to improve mathematics education for middle-schoolers. The National Science Foundation has committed $150 million to this cause.

3. *Drop-Out Rate; Academic Performance*

The Children's Defense Fund study of the 1980s found low reading scores, absenteeism, student resistance, and drugs as contributors to dropping out. President Bush's proposal was to award $500 million to schools for corrective performance.

With the parental school choice plan, which went in effect with the current 1990-91 year, achievement was an important goal. Fewer than one percent in Nebraska are taking advantage of open enrollment. Nebraska special education educators are recommending ALL students have individual education plans (IEPs) tailored to meet their unique needs (Staff, 1990). This would have an impact on the school counselors' work load.

4. *Adult Literacy*

Paul Simon of Illinois stated that 23 million Americans are functionally illiterate. Workers today need literacy skills at the ninth to twelfth grade level, compared to fourth-grade level necessary at the conclusion of WW II. Lady Barbara Bush has chosen illiteracy as a main focus of her activities (Kuntz, 1989). A February 1990 Senate vote launched a campaign to erase adult illiteracy. Bush proposed $50 million in federal funds. New agencies to be created include a National Literacy 2000 Federal Interagency Council to monitor existing programs and a National Center for Literacy dedicated largely to research. The Work-Study program of the Higher Education Act of 1965 was to become a literacy tutor program for college students.

5. *Training the Work Force*

Business is estimated to be spending nearly $50 billion annually on education and employee training. With 18-24 year old workers scheduled to decline by 30% in the 1990s, business will likely have to spend more to retool current workers. These changes in the work force will be most evident by the year 2000 (Pipho, April, 1990).

6. *Qualified Teacher Supply; Technology*

A Southern Regional Education Board report, "The Need for Quality," contained 14 recommendations for improving teacher preparation and certification-including alternative approaches for certifying individuals to enter teaching. However, the Senate rejected the amendment for funding alternative teacher certification programs.

Amendments adopted by the Senate in February 1990 included $25 million to grant programs for colleges to train middle-school teachers in the unique needs of adolescents and $7.6 million for excellence awards to at least one educator per congressional district. Expansion of adult education teacher-training programs were approved.

Tech 2000 by IBM, MIT's Learning and Epistemology Group, Apple Computer, and others, are expanding educational multimedia. Global networking for educational technology with two-way electronic links to distance learning networks are being developed at key research sites like MIT, Media Lab, and Stanford.

7. *Safe, Disciplined Drug-free Schools*

The US Department of Education was to draft rules requiring all schools and colleges to begin a strict drug prevention program, drug education at every grade level, and penalties outlined for drug use. Over $500 million was spent on drug education in 1990.

Many schools and communities currently have drug and alcohol prevention programs in place. Drug Abuse Resistance Education (DARE) has been conducted by police officers who have completed 80 hours of training, including curriculum on teaching techniques, elementary school operation, preparation of visual aids, officer-school relations, communications skills and child development (Illinois State Patrol, 1989). The current national issues and concerns that have been cited as important by the nation's governors have impact on Nebraska counselors of all disciplines, both directly and indirectly in terms of new revenue sources, expanded programs, and new approaches in assisting people.

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ADMINISTRATORS' PERCEPTION OF AN ELEMENTARY COUNSELING ROLE: ACTUAL AND IDEAL

by
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Abstract

With the increase in interest in elementary counseling within the schools in Nebraska, awareness of the role and attitude of the elementary principal toward elementary counseling is critical. This article reviews the contents of a thesis (Ponec, 1990) that explored the perceptions of Nebraska administrators regarding the actual and ideal roles of elementary counselors in their schools. Usable responses were obtained from 279 elementary principals from across the state during the Fall, 1989, data-gathering period, and when compared, actual and ideal roles of elementary counselors compare quite closely.

While eleven states currently mandate elementary school counselors and twelve other states are considering a mandate (National Conference of State Legislators, 1990), Nebraska is not among either group. Elementary school counselors do exist in the state, and numerous school districts are providing counseling services in their elementary schools. For this service to be successful, however, elementary school administrators must have a clear understanding of the role and function of the counselor.

Administrators' Perception of An Elementary Counseling Role: Actual and Ideal

Administrators are the most effective agents for initiating change within a school setting (Tye, 1970), and numerous studies have reported strong support among administrators for the value of counseling services within a student's curriculum (Dietz, 1972; Fleming, Martin, & Martin, 1986), but there is also considerable evidence that administrators do not always agree on what counselor duties are the most appropriate (Dietz, 1972; Bonebrake & Borgers, 1984; Fleming, et al. 1986; Remley& Albright, 1988). If elementary counseling services are to begin to meet the needs of their intended population, then counselors need to know the perceptions of administrators toward the services that the counselors can offer. Ponec (1990) offers a look at the perceptions of a sampling of Nebraska's elementary school administrators toward the many duties of elementary counselors. Indeed,

> Information from this study was intended to define and delineate, according to administrator perception, the duties in a counseling role as a means of assistance in implementing effective counseling services. (Ponec, 1990, p. 22).

Method

Using previous research and current elementary counselor curricula, a survey instrument was developed that asked respondents for demographic data as well as priority ranking of fifteen counseling duties. All respondents were asked to "prioritize each of the ... fifteen counselor duties from most important (to which you will assign number one) to least important (to which you will assign number fifteen)" (Ponec, 1990, p. 42), and those respondents who currently receive counseling services were asked to rank duties as they are actually occurring in their building. The following are the elementary counselor duties that were used:

A. Administrative Duties (scheduling, attendance, other clerical work);

B. Career Education (awareness/exploration of educational/occupational issues and the value of work);

C. Classroom Guidance/Curriculum (self-esteem, decision making skills, pro-social skills);

D. Community Relations (newsletter, community meetings liaison between school/community agencies);

E. Discipline (teacher/administrator referrals);

F. Evaluation (assess effectiveness of guidance/counseling programs);

G. Group Counseling (personal, educational problems/concerns); Individual counseling (personal, educational problems/concerns);

H. Inservice for Teachers (communication, student interactions, developmental needs of students);
I. Nonguidance Activities (teach nonguidance classes, lunchroom duties);
J. Parent Assistance (workshops on child growth/development, communications, life skills, participant in conferences);
K. Research (programs, student trends);
L. Student Advocate (liaison with staff, parents, administration to ensure that students' needs are met);
M. Student Appraisal/Assessment (observation, coordination of intervention/remediation and referral);
N. Student Referral (to community services, as necessary). (Ponec, 1990, p. 42.)

Potential respondents for this study were all Nebraska elementary administrators (principals) who were designated as managing Class II through Class V schools in the Nebraska Education Directory, 1988-89 (Nebraska Department of Education, 1988). This directory was the only available resource prior to the mailing date of August 16, 1989. A total of 492 administrators received the survey, and 297 usable responses had been returned after two mailings. This gives a response-rate of 60.36 percent. Of the 297 respondents, all prioritized the ideal ranking, and the 139 who were receiving counseling services completed the actual ranking.

Data collected from respondents was reported as frequencies for the demographic variables and as mean frequency rankings for all counselor duties. For the purpose of hypothesis testing, the Mann-Whitney U - Wilcoxon Rank Sum W Test was used to determine the significance between the variables, and the level of significance was defined as 0.01 as computed by the 2-tailed p value.

Results

This study looked at three hypotheses. First, it was expected that there would "...be discrepancies in the perceived actual and ideal rankings of counselor duties by administrators" (Ponec, 1990, p. 4). As noted on Table 1, differences in the ideal and actual rankings for administrative duties, inservice for teachers, nonguidance activities, and parent assistance were significant. Second, it was hypothesized that "the ideal rankings of administrators who receive counseling services [would] be similar to those who do not receive counseling services" (Ponec, 1990, p. 4). In this situation, Table 1 reveals that only administrative duties and inservice for teachers differed significantly, and the hypothesis was demonstrated. Finally, the third hypothesis assumed that there would "...be discrepancies in

Administrators' Perception of An Elementary Counseling Role: Actual and Ideal

Table 1

Mean Average Rankings of Duties

Actual Role (N=139)			Ideal Role (N=279)		
Rank	Role	Mean	Rank	Role	Mean
01.	Individual counseling	(2.98)	01.	Individual counseling	(2.68)*
02.	Classrom guidance	(3.37)	02.	Classroom guidance	(3.18)
03.	Group counseling	(4.59)	03.	Group counseling	(3.47)
04.	Student advocate	(5.60)	04.	Student advocate	(5.44)
05.	Student assessment	(5.99)	05.	Parent assistance	(6.17)
06.	Student referral	(7.41)	06.	Student assessment	(6.86)
07.	Inservice for teachers	(8.65)	07.	Inservice for teachers	(7.13)*#
08.	Career education	(8.94)	08.	Student referral	(7.27)**
09.	Community relations	(9.56)	09.	Career education	(9.48)
10.	Evaluation	(10.1)@	10.	Evaluation	(9.85)
11.	Discipline	(10.3)	11.	Community relations	(9.87)
12.	Research	(11.2)	12.	Discipline	(11.1)
13.	Administrative duties	(11.3)@	13.	Research	(11.2)
14.	Nonguidance activities	(12.0)	14.	Administrative duties	(13.1)#
15.	Parent assistance	(13.8)	15.	Nonguidance duties	(13.7)*

*For level of significant difference in actual and ideal rankings, level of significance is defined as $p < 0.01$.

#For level of significant difference in ideal rankings between administrators with counseling services (a) and administrators without counseling services (b), level of significance is defined as $p < 0.01$.

**For level of significant difference in ideal rankings utilizing administrator experience(c), level of significance is defined as $p < 0.01$.

@For level of significant difference in actual rankings utilizing administrator experience (d), level of significance is defined as $p < 0.01$.

(a) N=187

(b) N=92

(c) Groups determined by experience:
>10 years (N=142)
≤ 10 years (N=139)

(d) Groups determined by experience:
>10 years (N=62)
≤ 10 years (N=77)

the perceived actual and ideal rankings of counselor duties experienced administrators (>10 years) and less experienced administrators (<10 years)" (Ponec, 1990, p. 4). The evidence presented in Table 1 notes that student referral carried a "...significant difference when comparing duties comprising a counselor's ideal role. . .[and]]

> Administrative duties and evaluation were duties determined to be statistically significant when comparing rankings of the counselor's actual role. Administrative experience in the elementary school was not demonstrated to be a significant factor throughout the ranking of the fifteen counselor duties, ideally or actually. (Ponec, 1990, p. 28)

Discussion

The implications of this study are numerous. First of all, the information gathered gives elementary counselors insights into how their role is perceived by elementary administrators. Here, the reader's attention is drawn to the fact that administrators were amazingly close in their ranks (priorities) of actual and ideal duties for elementary counselors. Table 1 illustrates that the first four duties on both lists are the same, and the remaining duties are very similar in position. Clearly, administrators value a balance of preventive and remedial services. The major exception is parent assistance, and it appears as the number five priority on the ideal ranking and number fifteen on the actual ranking. Reasons for this difference are unclear, but it is possible that counselor scheduling or priorities are different from those of administrators. If parent assistance is valued by administrators, then counselors need to be deliberately trained and willing to do this service.

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LOVE

Two souls bound by empathy,
mutually sharing life's burdens.
Their minds in constant communication,
Sharing unspoken gratitude.

Two hearts bound by a common thread,
a constant pulsating rhythm of consistency and trust.
Each placing on the other no restrictions or demands,
encouraging the pursuance of one's own destiny.

Two friends bound by fate,
embracing the past yet grasping the future.
Together they abide in the company of love,
creating a continued growth within each other.

— Bruce Dickinson —
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A NOTE FROM YOUR EDITOR:

Greetings to my fellow counselors. It is with awesome wonder and appreciation for what you do that I am encouraged and motivated to communicate with you via ***The Nebraska Counselor***. We are a dedicated and unique group of helping professionals. Because of our professional training and experience we want and deserve professional recognition. Please read the article contained herein by the Oleson's ***Licensure for Counselors***. Working together, provided we know what to do, we can gain full professional recognition.

You are also afforded an opportunity to learn a great deal about prevention in this issue. We have probably heard how counseling can ward off more serious difficulties (crime, psychosomatic illness, intergenerational repeating, etc.) but have you seriously looked at acquiring a prevention model?

The timely topics of gender discrimination and sexual abuse are also included and will likely sharpen our awareness of these issues as individuals and as counselors.

The last edition contained an error that needs correcting. Somehow I didn't list one of our important authors. Let's correct that by taking out your last edition and add the name Debra Ponec to the article entitled ***Administrators' Perception of An Elementary Counseling Role: Actual and Ideal***. Your Editor knows how much effort goes into articles and every author needs proper reward - their name in print. My humble apology Debra.

May you enjoy reading this edition and then contribute yourself to the next printing of ***The Nebraska Counselor***. The more you autonomously give, the more you have the potential to receive. May your receiving be open and accepting.

Loren H. Froehlich,
Ph.D., CCMHC

WINNING IS...

Winning is a state of mind,
that even when you're far behind,and though you've fallen off the pace
...somehow, someway, you'll win the race.

Winning is coming in fourth...exhausted...but excited...
because you came in fifth, last time!

Winning is never whining. It's feeling that you've got no ceiling.
Winning is looking in the mirror and seeing the person YOU wanted to be.

Winning is beginning. And just by beginning, your game is half won!

INCEST: AN OVERVIEW OF BACKGROUND DEFINITION, COPING, VICTIMS, TREATMENT AND HEALING

by

Myrl M. Merchant

Abstract

Incest is a form of inner moral decay and degradation that is coming to the forefront and being recognized for the heinous crime it is; it is a crime of power over a child that takes the form of sexual violation. Sexually abused children tend to grow up to become abusers, as this is a learned behavior. It is believed by many professionals, that since the incest taboo is so strong, it tends to be the most underreported of all child maltreatment. About ten percent of the incidents are reported and of these, about 90 percent do not go forward to prosecution. The perpetrator goes free to further abuse the victim or other children. The victims of child sexual abuse suffer in silence, largely unprotected by the justice and corrections systems (Allen & Simonsen, 1989, p.113). There is help and hope for the victims in the form of treatment, safe houses, support groups, and therapy. The cycle can be broken.

Incest: An Overview

Sexual acts with minors has long been placed in the category of heinous crimes. Incest, one of those heinous crimes, is like a cancer eating silently, secretively, and shamefully away at the very core of our society. What little is reported about sexual molestation and/or incest happens only when the shameful silence is shattered, at least for one isolated instance (Farrell, 1988, p.464).

Long-term psychological damage, twisted lives, children growing into adults unable to love or be loved, delinquent behavior, and other damages result from sexual abuse. The actual number of victims is unknown but it is undoubtedly many times the actual number of victims that come to the attention of authorities (Allen & Simonsen, 1989, p.171).

Incest is gaining attention as the victims are coming forward. Perhaps one of the reasons for this is adults who were victimized as children are finally showing the courage to tell their stories and break out of the victim role and become survivors. One learns that incest is not a dirty word, it is an angry word - and it is OK to be angry (HaLevy, 1988).

Incest has been called the last taboo, but its taboo status has not kept it from occurring, just from being talked about (Stack, 1984, p.40). It refers to a wide range of sexual violations - from verbal abuse to intercourse - committed by anyone of power and authority over a child (HaLevy, 1988, p.34). Professionals believe that the incest taboo is so strong that it is the most underreported of all child maltreatment.

Background

Legal protection of children in any area has been slow in coming. Until the 20th century, children were considered property, parents could do with them as they pleased. Often daughters were sold as prostitutes. The first case to establish precedent for a child's rights against abuse did not occur until 1874 in New York. It involved a young girl approximately ten years of age, who had been neglected and physically abused by her adoptive mother. There was not a single government body that was willing to handle the case in court, so the founder of the Society for the Prevention of Cruelty to Animals initiated the petitions on the basis of which the court issued a special warrant to bring the child before the court. From this case, the Society for Prevention of Cruelty to Children was organized in New York in 1874. A century later the first National legislation concerned with child abuse, The Child Abuse Prevention and Treatment Act, was passed in 1974 (Zuckerman, 1983, p.11).

Definition

The legal and psychological definitions are eons apart. Webster (1988) defines incest as "sexual intercourse between persons too closely related to marry legally" (p.682). HaLevy (1988), herself an incest survivor, gives a far more inclusive definition: Incest is a crime of power over a child that takes the form of sexual violation. Incest includes suggestive or seductive talk or behavior directed at a child; any unwanted or invasive touching, including kissing, wrestling, and tickling; non medical enemas; showing a child pornography or exposing adult genitals to them; sexual fondling; oral sex; sodomy and/or intercourse (p. 20).

She further expands on the definition of perpetrators: "Incest perpetrators may include any family members, family friends, neighbors, babysitters, religious leaders, teachers camp counselors, and other trusted caretakers" (1988, p. 20).

Coping

Incest victims use many methods to cope with the long-term effects of abuse. Without extensive treatment, victims use forms of denial. They may say, "The past is the past, why dredge it up?" They may become self-mutilators and feel that "If it hurts, I know I am here", as pain is equated with love. They may become ill and/or accident prone. Through illness and pain, their bodies express what they cannot verbalize. They become lost souls. The memory of the abuse prevents them from setting goals. They are walking time bombs, normally outraged by the wrongs or injustices of life. Some abused children think a great deal about being invisible and of dying; they see suicide as a way of being in control of their lives. Abused children become caretakers, joining the helping professions and are excellent day care workers, doctors, nurses, therapists, etc. They give to others what they wish to receive themselves. They also become rescuers and encourage dependency while insisting that they want nothing in return. They may also become a hider, becoming too fat, too thin, or too nondescript. They stay at home a lot as they do not feel that they fit in anywhere. Frequently they mask their faces with hair, glasses, or lots of make-up. The survival techniques learned in childhood can become disabilities in adulthood (Poston & Liston, 1988, p. 42; Gil, 1988, pp. 47-56).

The after effects of abuse leave deep emotional scars on the victims. They have difficulties with trust-difficulty trusting their own feelings, thoughts, reactions, and perceptions. This absence of trust makes finding and keeping lovers and friends difficult, if not impossible. They also have difficulty with self-protection, feeling, "I can take care of myself - nothing hurts!"; They have learned to become hypervigilant and to respond to any sudden movement in a protective way. They do not feel that they have anything to offer anyone as they suffer from extremely low self-esteem since their belonging needs were never fulfilled. This may cause them to turn to gangs for some form of identification and acceptance (Gil, 1988, pp. 32-37).

Abused children have difficulty accepting the fact that they can achieve anything. They may feel pressure to out-perform everyone else, believing they must try harder and work harder as they are not as good as other people. They may feel obsessed and driven (Gil, 1988, p. 40).

Intimate relationships generally are a huge problem with the abused child in their adulthood. They may have felt that the abuse is a sign of love. The unspoken message in their hearts may be, "If someone loves me, they hurt me" or, "If they care, they show it by having sex with you." Many abused children feel that at least when they are being abused, they are being acknowledged (Gil, 1988, p. 43).

Abuse peaks between the ages of 8 -12 for girls, but children under the age of five (5) have a fairly serious risk of victimization, yet the public is unaware of it. It has been estimated that as many as 25 million American women have been incest victims, and the FBI and the Justice Department estimate that only one in ten cases is reported. Reliable studies indicate 20-40 percent of the women and 10 percent of the men are sexually abused before they are 18.

Children are perfect victims as they do not readily report their physical and/or sexual victimization. Eighty to eighty-five percent of abusers are known by the child; one fourth were molested by a parent, step-parent, custodian, or guardian; another one fourth were molested by other relatives; 10-15 percent are molested by actual strangers; the remaining 35-40 percent are acquaintances the child knows by sight - babysitters, teachers, coaches. About two to five percent of the abusers are women. Eighty-five to ninety percent of abusers were abused as children (McCloroy, 1987, p. 33 Stark, 1988, p. 44; Lauer & Lauer, 1988, p.102; Siegel & Senna, 1988, p. 255).

Treatment and Healing

The incest victim needs to be free of the shame/blame cycle. Victims of childhood sexual abuse feel a tremendous amount of guilt and shame. They may not even be aware of these feelings. This unconscious guilt and shame can cause them to become self-destructive by abusing their bodies with food, drugs, alcohol, and cigarettes; by self-mutilation; by becoming accident-prone; by sabotaging their own success; or by eliciting punishment from others. This unconscious shame/guilt can cause them to hold onto their pain and problems, because it gives them the punishment they feel that they deserve. They may sentence themselves to a lifetime of penance for a crime they did not commit. There needs to be self-forgiveness so that the shame/blame cycle can be broken and the inner child can be healed. As this takes place, the victim moves closer toward being a survivor, forgiveness takes the place of shame and guilt, and the blame is placed on the abuser where it always belonged. Recovery does depend on self-forgiveness. This is not an option, it is essential (Engel, 1989, pp. 175-180). They are not responsible for what an adult did to them and as the shame implies, they are not a mistake.

When incest is reported and proven, the victim needs to have a safe place to be able to share what has happened to them, how he/she feels; and have their feelings validated by a caring, understanding person. Sexually abused children are rarely listened to, much less understood. The counselor will have to be nearly "shock proof" as some of the horrendous details of the incest, the length of time it went on, and the emotional impact it has had on the victim may seem more than the listener can handle. It must be remembered that the victim handled this alone for perhaps years and finally has someone who must believe their story. Remember, what does the victim have to gain by lying about such abuse? (HaLevy, 1988). Roland Summit, M.D., wrote in the forward to ***Sexual Abuse of Young Children*** by MacFarlane and Waterman with others (1986) a poignant statement that paints a lurid picture of what faces those who listen to, believe in, and defend the victimized preschool age child - Who will fight for the wretched, soiled, uncertain little kid against all those adult spectators who KNOW the child is lying? Child advocacy is not only not reasonable, it is not PROFESSIONAL.

and it's not smart. Those who fight for power are courageous. Those who crusade for the underdog are called hysterical (p. iv).

During therapy, this victim is searching for safety, trust, boundaries, etc. and the therapist must be truly accepting. According to Maltz & Holman (1986), "The incestuous activity represents an extreme betrayal of trust and abuse of power between the victim and the offending family member; it violates important physical and emotional boundaries and reduces or destroys the victim's sense of privacy" (p. 139).

Anyone who has survived the trauma of child sexual abuse has already been through the worst. They need to draw on their inner strength that has enabled them to survive the abuse and use that strength in the healing process on their journey to recovery. Nothing or no one, including themselves, must stop them from reaching recovery.

Several professionals (Engle, 1989; Gil, 1988; Simon & Simon, 1990; Poston & Liston, 1989) have written extensively of the steps in the healing process. Briefly, those steps include: (1) Facing the truth, (2) Releasing the anger, (3) Confronting with facts and feelings, 4) Resolving relationships, (5) Self-discovery, (6) Self-care, (7) Forgiveness of self (Engle, 1989, pp. 67-180).

Conclusion

There needs to be an integrated network of all agencies (Child Protective Service, schools, police, counselors, Social Service, etc.) who come in contact with childhood sexual abuse, so all family members can receive help by breaking down the wall of denial and exposing the horrendous secret of incest. One agency rarely has all the answers, and the need for professionals to work together is paramount.

Healing is not something that can take place overnight, or even in a few weeks. At the beginning, it may seem impossible, too hurtful, "Won't do any good," or any of several negative feelings (denial, worthlessness, abandonment, etc.). This is not the case. It can be done, it has been done; and it will continue to be done. The long-term effects are many and varied. Since incest tends to be cyclic and intergenerational, the cycle must be broken. The longest journey began by one step. Will all those willing to commit to breaking the cycle please step forward? All of you are needed, now.

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TEN-STEPS TO DOING PRIMARY PREVENTION

by

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Abstract

Counselors are increasingly called upon to develop activities intended to prevent rather than just remediate. Described is a model by which counselors can systematically develop, implement, and then evaluate a preventive intervention, and it is suggested that group planning of this intervention is the most beneficial approach.

Introduction

This ten-step procedure for the planning of primary prevention interventions has its base in the work of George Albee, a University of Vermont psychologist. In an early work (Albee, 1959), he found himself gathering information on the needs and resources in the area of mental health, and as time passed and evidence accumulated, he concluded that emotional and behavioral problems of society far exceed the resources available to treat them (Albee, 1983). Faced with these facts, Albee (1983) admits that he had to look beyond the current types of treatment, and he found an alternative in the concept and practices of primary prevention.

The nature of the primary prevention effort is contained in The Report of the Task Panel on Prevention of the President's Commission on Mental Health (Task Panel on Prevention, 1984), and it consists of four very distinct characteristics:

(1) Most fundamentally, primary prevention is proactive in that it seeks to build adaptive strengths, coping resources, and health in people; not to reduce or contain manifest deficit.

(2) Primary prevention is concerned about total populations, especially including groups at high risk; it is less oriented to individuals and to the provisions of services on a case-by-case basis.

(3) Primary prevention's main tools and models are those of education and social engineering, not therapy or rehabilitation, although some insights for its models and programs grow out of the wisdom derived from clinical experience.

(4) Primary prevention assumes that equipping people with personal and environmental resources for coping is the best of all ways to ward off maladaptive problems, not

trying to deal (however skillfully) with problems that have already germinated and flowered. (pp. 8-9).

The basis of the ten-step model used in this article is Albee's incidence formula. In this formula, Albee (1982,1985) states that the occurrence of mental illness is related to six components:

$$\text{Incidence} = \frac{\text{Organic Factors} + \text{Stress} + \text{Exploitation}}{\text{Coping Skill} + \text{Self Esteem} + \text{Support Groups}}$$

Within the formula, organic factors are defined as disease states, disease causes, or behaviors that contribute to disease or illness (e.g., smoking, drinking of alcoholic beverages, poor nutrition, excessive use of caffeine, drug abuse, poor sleeping habits, etc.). Stress is conceptualized as sources of threat, feelings of powerlessness, and excessive demand on personal resources, and reduction of stress"...requires changes in the physical and social environments" (Albee, 1982, p. 1046). Exploitation represents the use or abuse of someone for another's selfish advantage. Coping skills are social and cognitive abilities that enable an individual to deal with life's problems and, as a result, "...reduce the incidence of frustration and emotional disturbance" (Albee, 1982, p. 1047). Self-esteem is an individual's level of valuing of him/herself. This can be positively influenced by a person's coping abilities and by his/her support system. And, support groups are those individuals, and/or formal or informal groups of individuals, who comprise a person's external source of self-esteem, coping, and growth. Obviously, from the formula, if a reduction in organic factors, stress, and/or exploitation occurs in a person's life, then the incidence of mental illness/emotional disturbance will decrease. Likewise, if an increase in coping skills, self-esteem, and/or support groups can occur, then the incidence will also decrease. From a mathematical and practical point of view, the reduction of any component of the numerator will have positive effects, as will the enhancement of any component of the denominator.

After realizing the power in the preceding incidence formula, it is appropriate to look at the concept and practice of group planning for primary prevention. Support for use of a group in planning comes from several points Dickel (1991): (1) Groups, rather than individuals, make better decisions and choices because they can take more perspectives into consideration. (2) Use of groups from within a community can create ownership in the plan and increase the likelihood that it will be a successfully implemented. (3) When group members understand the concept of primary prevention and the components of Albee's formula, there is a higher likelihood that they will implement the plan with enthusiasm. And, (4) Groups that have representation from the local community (school, institution, or actual community) will begin to insure that local needs are addressed. In addition, these points are supported by Davis (1982) as he states that "participation in intervention design by members of the population providing the focus for change may assist in assuring that interventions reflect local diversity" (p. 431).

Thus, this ten-step process is a combination of the Albee formula and the belief that group planning can combine to produce a meaningful and legitimate intervention intended to reduce the incidence of some problematic situation in a given community, whether that community be as small as a family, or larger such as a classroom, or even larger as in a school or congregation or business, or even in a large community.

The Ten-Step Format

STEP I

DESCRIBE IN WRITING THE POPULATION FOR WHOM YOU WISH TO PLAN A PREVENTION INTERVENTION.

The process of definition will be easier if the following questions are answered: (1) Who, specifically, is the group that is to be the target of the intervention? And, (2) What are all the characteristics of this group? However, before answering these specific questions, a very serious needs assessment might be attempted. In the case of a desire to work with children, it might be helpful to consider Baker and Shaw's (1987) definition of "at risk", for "to be at risk means that a particular child or group of children presently faces a situation that holds potential for disrupting, delaying, or otherwise interfering with normal learning or development" (p. 191). Here, Baker and Shaw (1987) stress the importance of having a purpose or reason for identifying children who are at risk, and they point to specific characteristics that might lead a preventive intervention. The objective of this step is to clearly delineate a target population for the intervention and to identify at least some of the characteristics that are of concern.

STEP II

LIST THE ORGANIC FACTORS (ILLNESSES, HEALTH HABITS, ETC.) THAT CAN PLAY A ROLE IN CAUSING EMOTIONAL OR BEHAVIORAL PROBLEMS IN THIS POPULATION.

In completing STEP II, it will be helpful if the following questions are dealt with in a systematic manner: (1) What are the physical health habits (i.e., substance abuse, smoking, lack of exercise, lack of sleep, etc.) that may contribute to wear and tear on the bodies of the specified group? And, (2) What are the dietary trends/habits (poor nutrition, excessive caffeine, excessive sugar intake, excessive fat intake, etc.) that may contribute to wear and tear on the bodies of member of the specified group? Here, it can be assumed that organic factors are disease states, disease causes, or behaviors that contribute to disease or illness. Completion of this step will assist in the development of goals, objectives, and procedures for STEP VIII.

STEP III

LIST THE SOCIAL AND ENVIRONMENTAL STRESS EVENTS AND CIRCUMSTANCES THAT ARE LIKELY TO IMPINGE ON THE LIVES OF PEOPLE IN THIS POPULATION.

There are numerous kinds of stressors and many kinds of stress. Stressors are sources of threat, situations that precipitate feelings of powerlessness, and excessive demands on personal resources. Individuals are susceptible to various kinds of stress depending on their unique personality.

Albee (1988) points out that

> Reducing stress may require changes in the physical and social environment. Environmental stress situations involve a whole complex of interacting variables. Some forms of social stress are a product of deeply ingrained cultural values and ways of life that are not easily susceptible to change. (p. 20)

For this section of the planning worksheet, the following questions may help: (1) What are the intrapersonal and interpersonal circumstances that may be causing stress in the members of this group? And, (2) What are the environmental circumstances and conditions that may be causing stress in the members of this group? Completion of this step will assist in the development of goals, objectives, and procedures for STEP VIII.

STEP IV

LIST THE SOURCES AND KINDS OF EXPLOITATION THAT MAY OCCUR IN THE LIVES OF PEOPLE IN THIS POPULATION.

Exploitation is defined as use or abuse for another's selfish advantage, and in the words of Albee (1988),

> This factor differs from the others in the formula in an important way. Variations in the degree or type of exploitation affect all the other variables in the model — stress, coping skills, self-esteem, the nature and type of support groups available, and even the incidence of organic factors. Since exploitation encompasses all the other variables, as well as being something that itself, with its many faces, contributes to psychopathology, it needs to be considered in both its larger and its smaller sense. (pp. 20-21)

Persons who are victims of exploitation in any of its myriad forms suffer serious emotional damage. The exploitation often involves the use of excessive power by the exploiter to force the victims to conform or to behave in ways that are degrading, demeaning, dehumanizing, and/or dangerous. Rape and sexual abuse of children are obvious examples of exploitation. But there are many other more subtle ways that people can be subject to daily humiliations. (p. 21)

Damage done through exploitation — economic, sexual, through the media, causes increased incidence of emotional pathology. The exploited groups are not responsive to exhortations or to other quick-fix solutions. Certain kinds of exploitation result in low self-esteem and become a kind of self-fulfilling prophecy. Feelings of powerlessness are a major form of stress. Preventive efforts may have to take the form of laws to ensure equal opportunity, public education, changes in the way the mass media portrays these groups, and in pervasive value system changes. (p. 21)

A reduction in incidence also may be accomplished by developing feelings of competence — better social coping skills, improved self-esteem, and solid support networks. (p. 21)

The following questions may be of help in addressing the assignment for this step: (1) Under what circumstances are the individuals in the specified group, or the group itself, used and/or abused in their domestic (home) setting? (2) Under what circumstances are the individuals in the specified group, or the group itself, used and/or abused in their school or employment setting? And, (3) Under what circumstances are the individuals in the specified group, or the group itself, used and/or abused in their community or larger culture? Completion of this step will assist in the development of goals, objectives, and procedures for STEP VIII.

STEP V

LIST THE SKILLS/ATTITUDES THAT WILL HELP THIS POPULATION COPE WITH, AND GROW IN, THEIR PARTICULAR LIFE SITUATION.

The concern at this step is with identifying behaviors and attitudes that not only help an individual cope (maintain the status quo) in his or her environment but also allow for growth. In the process of completing this step, the group should answer the following questions: (1) What behaviors are necessary for coping and growth in the life situation in which the specified group lives? And, (2) What attitudes are necessary for coping and growth in the life situation in which the specified group lives? Completion of this step will assist in the development of goals, objectives, and procedures in STEP XI.

STEP VI

LIST THE ACTIONS THAT WILL HELP BUILD THE SELF-ESTEEM OF EACH PERSON IN THIS POPULATION.

Coopersmith (1967) defines self-esteem as

> ...the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and it indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short, esteem is a personal judgement of worthiness that is expressed in the attitudes the individual holds toward himself. (p. 5)

In addition, Friedmann and Brooks (1990), in their program entitled BASE (Behavioral Alternatives Through Self-Esteem), present what they call the "self-esteem building blocks" (p. ix). These are "approval", "trust", "sense of power", "acceptance", "responsibility", "self-respect", "respect for others", "flexibility", "pride", and "self-importance" (Friedmann & Brooks, 1990, p. ix-x). Referring to this conceptualization of self-esteem, the following questions may be helpful in defining the requested actions: (1) What skills could the individuals in the specified group acquire in order to feel more capable and successful? And, (2) What social supports could be put into place that would make the specified group feel more significant? Completion of this step will assist in the development of goals, objectives, and procedures in STEP IX.

STEP VII

LIST THE TYPES OF SUPPORT SYSTEMS (GROUPS, FAMILIES, COMMUNITIES, AND INDIVIDUALS), AND SPECIFY THE ROLE OF EACH, IN PROMOTING THE COPING, GROWTH, AND SELF-ESTEEM OF MEMBERS OF THIS POPULATION.

Social support is a vital element in the coping and self-esteem of an individual, and one's ability to develop and grow may depend on the nature of the social support that is present in his or her life. Berkowitz (1982) describes the nature and value of a personal social support network in the following.

> It sustains you, both passively and actively. To start with, it gives you security, just by

> being there, like money in the bank you never touch. More actively, it provides recognition; you are known as a person. It confers affirmation; you are worthwhile, a valuable person. People in your support system can extend task-oriented assistance ranging from watering the plants when you are away, to providing information on your legal rights, to offering cash payments when you are dead broke. They can give you emotional comfort when you need a sympathetic ear, or someone to guide you through a personal crisis. Your support system stimulates your participation in community life, by allowing you to express your competence, and by supplying you with chances to reciprocate the support you have received. And finally, your supports promote personal growth, by making it easier to take risks; you have the backing to try, the encouragement along the way, the approval if you succeed, the cushioning should you fail. (p. 6)

With these qualities, it may be beneficial to assess an individual's or group's social support network before beginning to plan an intervention. Maguire (1983) suggests a clinical way in which to analyze the support network of an individual. Begin by creating eight columns on a sheet of paper. Column 1 constitutes the names, addresses, and telephone numbers of persons in the individual's network. Column 2 is entitled "Relationship", and in it, the relationship of the person in Column 1 to the individual being studied is indicated. Column 3 is entitled "Willingness to Help", and here, the willingness of the person in Column 1 to help is rated as "high", "medium", or "low". Column 4 is headed by the word "Capabilities", and this refers to how able the person in Column 1 is to provide for the social/emotional needs of the individual being studied. Column 5 is entitled "Resources" and refers to what the person in Column 1 can contribute either materially or in terms of contacts, to the individual being studied.Column 6 is for "Frequency of Contact", and in it, the terms "daily", "weekly", "biweekly", "monthly", etc., are used to describe how often the person in Column 1 interacts with the individual being studied. Column 7 refers to "Duration of Friendship", and it serves as a place to indicate, using terms such as "one month", "six months", "one year", "one to five years", etc., the duration of the relationship between the person in Column 1 and the individual being studied. Finally, Column 8 is entitled "Intensity", and it describes the "...degree of potential helpfulness or functionality and the degree of liking or affection that is felt toward the person" (Maguire, 1983, p. 77) in Column 1 by the individual being studied.

At times, the use of formal or informal support or mutual self-help groups may be appropriate. A general review of how to develop and facilitate support groups is contained in Dickel (1987). In addition, suggestions for support groups for teachers is found in Boytim and Dickel (1990). Completion of this step will assist in the development of goals, objectives, and procedures in STEP IX.

STEP VIII

SPECIFY TWO GOALS AND ACCOMPANYING OBJECTIVES FOR EACH OF THE FOLLOWING: (1) DECREASING THE ORGANIC FACTORS IN THIS POPULATION, (2) REDUCING THE STRESS FACTORS IN THIS POPULATION, AND (3) ELIMINATING THE EXPLOITATION IN THIS POPULATION. IN ADDITION, SPECIFY THE PROCEDURES THAT WILL BE USED TO ACHIEVE EACH GOAL AND OBJECTIVE.

The following questions appear on the planning form and provide the basis for this step: (1) What new behaviors or abilities would help the individuals in this population better manage themselves under stress? (2) What can be done with individuals in this population to increase their positive evaluation of self? And, (3) What can be done to build a supportive network for each individual in this population? STEPS II, III, IV were completed with the intention of providing material to assist in the development of the goals, objectives, and procedures for this step.

STEP IX

SPECIFY TWO GOALS AND ACCOMPANYING OBJECTIVES FOR EACH OF THE FOLLOWING: (1) INCREASING THE SELF-ESTEEM OF MEMBERS OF THIS POPULATION, (2) BUILDING SELF-ESTEEM OF MEMBERS OF THIS POPULATION AND (3) DEVELOPING APPROPRIATE SUPPORT GROUPS FOR THIS POPULATION. IN ADDITION, SPECIFY THE PROCEDURES THAT WILL BE USED TO ACHIEVE EACH GOAL AND OBJECTIVE.

The following questions appear on the planing form and provide the basis for this step: (1) What skills and attitudes can be developed in individuals in this population that will enable them to cope and grow in their life circumstance? (2) What can be done with individuals in this population to increase their positive evaluation of self? And, What can be done to build a supportive network for each individual in this population? STEPS V, VI, and VII were completed with the intention of providing material to assist in the development of the goals, objectives, and procedures for this step.

STEP X

EXPLICATE A STRATEGY FOR THE EVALUATION OF THIS PRIMARY PREVENTION PLAN AND FOR FOLLOW-UP WITH MEMBERS OF THIS POPULATION

The current shortage of funds for most social service and preventive programs makes the ability of those programs to prove their effectiveness an absolute necessity, and the final step to planning is the development of a strategy by which the outcome of the prevention intervention can be evaluated. Whether the concept is "outcome-based intervention" or the old idea of "accountability", no plan is complete unless provisions are made to demonstrate effectiveness.

The effectiveness of a plan can be observed at numerous levels. Lorion (1983) points out that an intervention can have an impact on individuals, on interpersonal relationships, on institutions, and/or on the system. The question for evaluation is: How will the members of the specified population be different following the full implementation of this primary prevention plan? In addition, the planner(s) may want to consider changes in interpersonal relations, changes in the institution, and changes in the system of which the institution is a part, all as a result of the implemented intervention.

Lastly, there is a need to develop a follow-up plan for this intervention. Once the intervention is complete the question remains: How will the changes that result at all levels continue to remain in existence? The concern is with providing periodic evaluation,motivation, and re-training that will insure the continuing effects of the original intervention. It could be that the changes will immediately become ingrained, but more than likely, they will need help with becoming established. At specified intervals following the initial intervention, the planning team should re-evaluate the changes that have occurred and be prepared with strategies to further establish the desired changes.

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THE STATUS OF COUNSELORS IN THE ELEMENARY SCHOOLS IN THE STATE OF NEBRASKA: A RESEARCH REPORT

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ABSTRACT

The local and national trend is to consider counselors in the elementary school an important part of planned educational reform, which has resulted in increased employment of counselors in elementary schools. Although more school districts have hired counselors and voiced an interest in having counselors, the accurate picture is difficult to determine. Once the status of counselors in the elementary schools is established, a process for addressing the questions regarding utilization of counselors in the elementary schools can be developed. The purpose of this article is to report research that was conducted to assess the status of counselors in the elementary schools in Nebraska.

THE STATUS OF COUNSELORS IN THE ELEMENTARY SCHOOLS IN THE STATE OF NEBRASKA: A RESEARCH REPORT

The local and national trend is to consider counselors in the elementary school an important part of planned educational reform, which has resulted in increased employment of counselors in elementary schools (Glosoff & Koprowicz, 1990). Although more school districts have hired counselors and voiced an interest in having counselors, the accurate picture is difficult to determine. Once the status of counselors in the elementary schools is established, a process for addressing the questions regarding utilization of counselors in the elementary schools can be developed.

Please note that all reference to counselors in the elementary schools will be referred to as counselors. Other counselors will be defined if they are not counseling at the elementary level. Also, all references to school districts include only public school districts.

THE PROBLEM

Nebraska is a diverse state with 838 public school districts. The majority of school districts are very small, rural, and elementary only with enrollments less than one hundred students. Understanding the needs and evaluating the utilization of counselors and programs for these small districts presents a totally different profile than for the middle-sized and urban school districts.

Furthermore, the distribution of students is not reflected in the number of public school districts in each class of school district. Due to the rural nature of a great part of Nebraska, 538 Class 1 school districts account for 14,366 students. The majority of students are located in Class 3, 4, and 5 school districts which account for 243,654 students (Nebraska Department of Education, 1990).

NEBRASKA STATE SCHOOL POPULATION BY CLASS (1989-1990)

CLASS	POPULATION
6	4105
5	41251
4	27356
3	175047
2	7736
1	14366

Table 1

The combined problem of district diversity and student distribution has resulted in a general lack of understanding of the status of counselors in Nebraska. This includes a lack of knowledge about school districts which employ counselors as well as school districts which do not employ counselors. Also, the question is raised as to the number of counselors who are not endorsed as counselors

selors according to Nebraska endorsement standards, but who are employed as counselors in school districts. These individuals are functioning as counselors but do not hold The Nebraska Department of Education certification in elementary school counseling. The accurate picture of current employment of counselors and the need for counselors in Nebraska should be established before any process can be developed regarding recommendations for counselors in Nebraska school districts.

The University of Tennessee, Knoxville (Boser, Poppen, & Thompson, 1988) conducted extensive research regarding the question of the status of counselors in the elementary schools for the legislature in the State of Tennessee. Because Tennessee is also a diverse state with several similarities, the beginning portion of that research, the needs assessment survey instrument process, has been duplicated so that results could be compared with a broader base of information.

THE METHOD AND PROCEDURES

THE NEEDS ASSESSMENT

The needs assessment process included sending two survey instruments to each public school district. One survey instrument, THE SCHOOL SYSTEM DOES NOT EMPLOY ELEMENTARY GUIDANCE COUNSELORS (6 items), was returned by those districts without a counselor. The other instrument, THE SCHOOL SYSTEM DOES EMPLOY ELEMENTARY COUNSELORS (15 items), was returned by those public school districts with a counselor (Radd, 1991). These needs assessment survey instruments are the same instruments used by Boser, Poppen, and Thompson (1988).

The needs assessment survey instruments define counselors as those serving in elementary or presecondary schools not including middle or junior high schools. The school districts with counselors who are not endorsed as certified counselors were included in a separate school district category for school districts which employ a counselor who is not endorsed. Those school districts with a part-time counselor who is endorsed by the State of Nebraska were included in the results even though they did not meet the technical definition of counselor used for this research. This is due to the fact that many school districts with part-time counselors who are endorsed only have enrollment to support a part-time counselor.

PROCEDURES AND ANALYSIS

In order for the results of this research to be accurate, the 838 public school districts in Nebraska needed to be represented. The public school districts in Nebraska are classified by Class 1 through 6. The definition and number of districts in these classes are as follows:

Class 1 (538 districts): includes any school district that maintains only elementary grades under the direction of a single school board.

Class 2 (53 districts): includes any school district embracing territory having a population of one thousand inhabitants or less that maintains both elementary and high school grades under the direction of a single school board.

Class 3 (223 districts): includes any school district embracing territory having a population of more than one thousand and less than one hundred thousand inhabitants that maintains both elementary and high school grades under the direction of a single board of education.

Class 4 (1 district, Lincoln Schools): includes any school district embracing territory having a population of one thousand inhabitants that maintains both elementary and high school grades under the direction of a single board of education.

Class 5 (1 district, Omaha Schools): includes any school district embracing territory having a population of two hundred thousand or more that maintains both elementary grades and high school grades under the direction of a single board of education.

Class 6 (22 districts): shall include any school district in this state that maintains only a high school (Nebraska Department of Education, 1989).

The Nebraska Department of Education distributed the needs assessment survey instruments, a total of 838, so all school districts would have the opportunity to respond. The needs assessment survey instruments were returned to The University of Nebraska at Omaha Department of Counseling. In order to gain as much information as possible, a second mailing was made to those school districts that did not respond to the initial mailing.

Data from the completed needs assessment survey instruments (292) were entered into a computer at The University of Nebraska at Omaha Department of Counseling as they were received. Needs assessment survey instruments were separated into the DOES (138) and DOES NOT (154) categories according to The State Department of Education code and class.

THE RESULTS

Of the eight hundred and thirty eight (838) public school districts in Nebraska, two hundred and ninety-two (292) or 34.84% responded to one of the needs assessment surveys. Five hundred and twelve or 65% of the school districts did not respond are Class

1 school districts. Of the 292 respondents one hundred and thirty-eight (138) or 47.26% responded to the needs assessment survey instrument, DOES EMPLOY COUNSELORS. One hundred and fifty-four (154) or 52.73% of the school districts responded to the needs assessment survey instrument, DOES NOT EMPLOY COUNSELORS. Of the 138 school districts which reported having a counselor, thirty-eight or 27.54% of the school districts are utilizing counselors who are not endorsed in counseling. The information from these districts was not included in the results from the 100 school districts with endorsed counselors.

Table 3 shows the information for the percentage of schools which responded from school district classes. Two hundred and fifteen (215) or 96.41% of the 223 Class 3 school districts replied. One hundred percent of Class 4 (Lincoln Public Schools and Class 5 (Omaha Public Schools) replied. Forty-six (46) of the 53 Class 2 schools or 86.79%, and these three (3) or 13.64% of the 22 Class 6 schools replied even though they are, just secondary school districts. An error in the mailing list of school districts resulted in receiving the needs assessment survey instrument, DOES NOT, from these three school districts.

Table 1 illustrates that the majority of school children were represented in the results in spite of the high percentage of Class 1 school districts that did not respond.

RESPONSE DISTRIBUTION:
NEBRASKA STATE SURVEY

NUMBER	RESPONSE DISTRIBUTION
546	No Response (includes 512 class 2 schools)
154	Response / no elementary counselor
100	Response / elementary counselor endorsed
38	Response / elementary counselor not endorsed

* Note: 838 Total Districts

Table 2

THE RESULTS: SCHOOL DISTRICTS THAT DO EMPLOY COUNSELORS

One hundred school districts responded which represented 143 employed endorsed counselors, 46 part-time and 97 full-time. The majority of the counselors are in Class 3 school districts. The majority of counselors have been hired since 1986 through the use of local funding which has resulted in 71 Class 3 school districts offering 76-100% of their students a counseling program.

An assessment of community needs was conducted in 55.5% of Class 1 school districts, 16.6% of Class 2 school districts, 65.88% of Class 3 school districts and 100% of Class 5 school districts. This resulted in establishing attendance, behavior concerns, community request, perceptions of the school board and superintendent, student drop-out, and achievement as the major reasons for counselor employment. School districts could respond to more than one item on the selection list.

One hundred percent (100% of Class 1, 83.3% of Class 2, 87.05% of Class 3, and 100% of Class 5 schools expect their counselors to address a major need. The needs stated were not generally consistent with the district needs assessment. Many districts listed other areas of need that consisted of the following: self-awareness/self concept development, prevention programming, developmental guidance, group counseling, decision-making, peer interaction, crisis and emotional problems, special needs, drug education, individual counseling, implementation of the guidance curriculum, parent programs, and consultation.

PERCENTAGES AND DISTRIBUTION OF SURVEY RESPONSES BY SCHOOL DISTRICT CLASS

CLASS	TOTAL DISTRICTS	TOTAL RESPONSE	RESPONSE %
1	538	26	4.83
2	53	46	86.79
3	223	215	96.41
4	1	1	100.00
5	1	1	100.00
6	22	3	13.64
TOTAL	838	292	34.84

Table 3

Within the last five years, 55.5% of Class 1, 16.6% of Class 2, 52% of Class 3, and 100% of Classes 4 & 5 school districts report a change in their number of counselors. All of the changes resulted in an increase in counselors or a redistribution of school district personnel. Administrative support and community support were the reasons given for the increases.

The majority of school districts report a need for more counselors, anticipate a change in the status of counselors, and anticipate hiring more counselors due to administrative support and funding. The school districts listed additional funding, stable funding, more staff, self-concept, a comprehensive program, "at-risk" youth, basic pressures, group and individual counseling, drug awareness, prevention programs, special populations, and increased enrollment as the major needs of the school district at this time. Each of these needs are not in rank order except for funding, stable funding, and the need for more staff.

The majority of counselors are in Class 3, 4, & 5 school districts and provide the counseling program in one school building. Most school districts report a teacher-counselor ratio of 1:21-1:40, and a student-counselor ratio of 1:101-1:600. Many of the school districts have a counselor supervisor for the district counseling program. (See Tables 4, 5, and 6)

COUNSELORS IN SCHOOL DISTRICTS BY CLASS

	Class 1	Class 2	Class 3	Class 4	Class 5
Elementary	4.95	1.1	84.05	17.	17.
Middle School	-	-	36.08	-	-
Junior High	-	-	35.71	27.	25.
Senior High	-	1.	102.32	21.	50.

Note: The numbers are the Sum of Counselors' Time Indicated on the Survey.

Table 4

NUMBER OF BUILDINGS SERVED BY COUNSELORS

	Class 1	Class 2	Class 3	Class 4	Class 5
1 Building	44.0	66.0	47.05	100.0	100.0
2 Buildings	22.2	16.0	27.05	-	-
3 Buildings	-	-	10.58	-	-
4 Buildings	-	-	5.58	-	-

Table 5

COUNSELOR RATIO DISTRIBUTIONS BY CLASS

Teacher Counselor Ratio	Class 1	Class 2	Class 3	Class 4	Class 5
1:1 - 1:20	4	4	24	-	-
1:21 - 1:40	4	2	42	-	1
1:41 - 1:60	1	-	10	-	-

Student Counselor Ratio	Class 1	Class 2	Class 3	Class 4	Class 5
1:1-1:100	-	2	4	-	-
1:101-1:300	4	3	29	-	-
1:301-1:600	3	-	28	1	1
1:601-1:900	-	2	10	-	-
1:901-1:1200	-	-	5	-	-
1:1201-1:1500	-	-	1	-	-

Table 6

THE RESULTS: SCHOOL DISTRICTS THAT DO NOT EMPLOY COUNSELORS

Of the 154 school districts that responded to the needs assessment survey instrument DOES NOT, 64.93% are Class 3 school districts, 22.08% Class 2, 10.38% Class 1 and 1.95% Class 6 districts. One Educational Service Unit responded indicating no counselors on staff.

Sixty-eight percent (68%) of Class 3, 59% of Class 2, and 14% of Class 1 school districts report a desire for a counselor, but 71% of Class 1, and 6% of Class 2 school districts report a need for a counselor. The major needs the counselor would be expected to address are behavior problems, sociodemographic concerns, and perceptions from the superintendent and school board. Other needs indicated include individual and group counseling, self concept, at-risk youth, decision making, drug education, classroom guidance, and stress.

Forty-seven percent (47%) of Class 3, 35% of Class 2, and 19% of Class 1 school districts report a major district need. The major needs indicated are behavior/discipline problems, perception of the school board and superintendent, community concerns, achievement, and sociodemographics. Other areas indicated are self concept, more staff, early identificadrug education, group and individual counseling, career development, personnel needs, delinquency, and at-risk youth.

The primary reason stated for no provision for counselors is due to a lack of funding: 56% Class 3, 53% Class 2 and 29% Class 1 districts. Other reasons given include a lack of qualified applicants, lack of students, lack of district support, and school size. Most of the counselors employed by the school district are at the secondary high school level. Class 2 (6%) and Class 3 (18%) school districts anticipate changes in the status of counselors in their school districts due to the availability of qualified personnel and the anticipation of additional funding.

DISCUSSION

The research through the needs assessment survey process has sharpened the picture regarding what is happening in Nebraska school districts in regard to the need, desirability, and employability of counselors as viewed by the school districts. The research reflects information of a large enough school district representation that the majority of students are reflected in the results: 87% Class 2, 96% Class 3, 100% Class 4 & 5. The information also provides a clear picture of the number of part-time and full-time counselors employed at this time. The majority of respondents in Nebraska desire, need, and are hiring counselors, primarily in the last five years, when they can afford to do so because of increased administrative and community support.

Class 1 school districts have a low response rate to the needs assessment survey which can be attributed to their unique profile. The Class 1 school districts may not have replied due to a belief that they may never need, or be accessible to, a counselor due to their small student enrollment and the rural location of the district.

SUMMARY

This research has provided useful information regarding the status of counseling in Nebraska. The school districts with counselors want more counselors, and the majority of school districts currently without counselors want counselors. The respondents expressed the hope that a process for employment of qualified professionals can be realized. Funding needs and the availability of qualified personnel are the two primary obstacles reported. Both of these obstacles are such that solutions could be found with teamwork and a creative commitment to the resolution of this problem. Also, the special needs of Class 1 school districts will need to be evaluated in order to provide all children in Nebraska with counseling programs.

Since counselors are needed and wanted, the respondents hope that Nebraska will move forward with the provision of counselors for Nebraska school districts. This will enable the state to more effectively address the challenges of educational restructuring and the growing needs of our students, communities, and country.

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GENDER DISCRIMINATION: A CHALLENGE FOR COUNSELORS

by

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Working and studying in the field of counseling has brought me face to face with gender identity issues that result from the evolving role of women in our society. When questioned about making changes in their concepts of sex roles, some men report feelings ranging from mildly threatened to genuinely confused to adamantly opposed to changes (Gerber, 1991; Stark, 1991). Many women view changes in sex role expectations in a more favorable light; some report feeling confused and angry about present societal expectations (Schaef, 1981).

Expectations of women in the professional world are at times very low. An anecdote told me by a friend in graduate school indicates just this: My friend was attending his first day of orientation for his practicum at a social services agency, when he was informed by a co-worker that he should expect quick promotions into administrative positions, perhaps even within the first year of his employment. Why would someone he just met have such faith in his abilities, he inquired? "Because you're male!" was the reply. For many women the echo of this comment might ring thus: "Any man, even one whose abilities I know nothing of, is surely more worthy of career advancement than a woman." These are indeed discouraging words for any competent, ambitious woman.

Another indicator of differential treatment of men and women can be spelled out in dollars and cents. Lillian Rubin, in her book ***Intimate Strangers***, cites a 1981 study by the Department of Labor which revealed that women were paid significantly less than men in virtually every occupation where both were employed (Rubin, 1983).

Confusion about sex roles is growing more pervasive, and confusion is perpetuated in part by the mass media, and by subtle signals in our jobs, families and social lives (Steil & Weltman, 1991). In order to address this confusion in a therapeutic way, counselors must first address their own issues surrounding sexism. Secondly, it is important to recognize that the impact of the counseling profession on our culture is ever increasing (Gladding, 1988; Hatcher et al., 1977). Counselors, therefore, model gender roles in a very influential way.

Counselors and educators have a leading role in closing this gap by encouraging male and female clients to find and achieve their potential, rather than to be Gender Discrimination dictated solely by social mores. Further, counselors can raise their clients' consciousness by examining their choices and the motivations behind them. For example, does a female supervisor promote only male subordinates in order to gain the confidence of her male peers? Or does a male student choose to study engineering (a largely male dominated profession) when he's truly interested in elementary education? Rather than being guided by their own values and best utilization of their own strengths, they are allowing themselves to be dictated by social acceptance.

Discriminatory treatment of one sex can have negative effects on both sexes (Forisha, 1978; Guttentag & Bray, 1976). Anne Wilson Schaef, writing about mothers and sons in her book ***Women's Reality*** (1981), states, "Because she is constrained by the system.... a woman has a hard time realizing her own ambitions. So she turns to her son and says.... 'You had better achieve'". If the son in this case identifies with his mother, he is pressured to prove his superiority over women at all costs. The traditional mother Schaef refers to, who was oppressed by sexism, ironically contributes to its continuation. In more general Gender Discrimination terms, women who are oppressed by sexism sometimes perpetuate it. Also, men can be oppressed in a unique way; they are sometimes pressured into societal and familial roles for which they are not prepared, or for which they have no true desire to fulfill. The end result is a decrease in the appreciation of the unique value of both sexes.

Striving for awareness of our own beliefs about gender roles and of how our words and actions may reflect bias is one starting point for counselors wishing to address this issue. Answering the following questions may aid counselors in identifying where their strengths and weaknesses lie when counseling clients with sex role issues:

1) What was I taught regarding the roles of males and females in my family of origin?
2) What experiences did I have as a child that increased my sensitivity of role differences?
3) What experiences did I have as a child or adolescent that decreased my sensitivity of role differences?
4) What significant changes have taken place in my values regarding sex roles? Where did these changes find their roots?
5) In what ways do I perpetuate the lessons learned early in life about men and women? Do I overtly or covertly project my values onto my clients?
6) What is my ideal image of gender roles?
7) Is there disparity between my ideal image of sex roles and reality?
8) In what situations am I least comfortable with the opposite sex? How might such discomfort affect my objectivity in counseling sessions?
9) When am I least comfortable with persons of the same sex? Does this affect my objectivity in counseling sessions?

Sandra Butler, in her address to the 1991 conference on sexual violence in Nebraska, stated that a person's sexual identity is inextricably tied to their own sense of personal power. According to Butler, "Power is a part of all of our interactions" (Butler, 1991). Every interaction one engages in, then, deals directly or indirectly with one's sexual identity. As counselors, the identification of our true beliefs about sex roles is imperative, as it will lead to an overall more enlightened approach to counseling.

The discrimination of one sex increases a sense of isolation for both; therefore, the need to neutralize our differences is a need of social loneliness. Lillian Rubin writes of this long and painful process: "There are social constraints in the way of change, and, if we get past those, there are psychological ones that must be met. Most men and women meet these with some combination of success and failure." (Rubin, 1983). Few people are more responsible for (or better equipped for) facilitating these changes than today's counselors and educators.

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LICENSURE FOR COUNSELORS

by

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Over the past 36 years, I have been involved in the education and development of professional counselors in the state of Nebraska. Throughout this time, there has continued to be a struggle both at the national and state level as to the role and function of counselors.

In 1955, when I attended my first Nebraska Personnel and Guidance Conference, the vast majority of professionals in attendance were School Counselors, which was consistent with the trend in the majority of states. Since 1955, counselors have broadened their professional base to meet the multiplicity of human development and mental health needs of the client. Today, professional counselors work in a plethora of setting to include, but not limited to, the school settings.

With this broadened base has come an increased need to delineate the professional counselors operational parameters. The

American Association of Counseling & Development, A.A.C.D., in 1989 addressed this national concern by defining the professional counselor and adopting the following statement:

> "Counseling is one of the behavioral health professions and a professional counselor is a person prepared and experienced in applying a combination of human development and mental health principles, procedures, and services which integrate a wellness, pathology, and multicultural model of human behavior. This model is designed to assist individuals, couples, families, groups, organizations, corporations, institutions, government agencies, or the general public. Professional counselors help persons and groups achieve mental, emotional, physical, social, moral, educational, spiritual, and/or career development and adjustment over the lifespan.
>
> The title counselor is generally accepted by the public at large as an indicator of professionalism. It is not surprising that this title has been appropriated by a variety of sales personnel, by massage parlor operators, and even by palm readers as a means of gaining credibility and minimizing public resistance. This kind of occupational smoke screen has led to confusion among our public as to the identity and function of professional counselors with graduate degrees and extensive preparation in the field. Much more serious, however, is the growing incidence of untrained, unscrupulous persons offering counseling services of an exotic nature, often for outlandish fees."

This statement was set forth by the national association due to their increasing concerns with the growing incidence of inappropriate and misuse of the title, counselor. At a minimal level, this title assumption by the lay public has led to confusion within our communities as to the identity and function of our professional counselors with graduate degrees and extensive preparation in the field.

Furthermore, A.A.C.D. has identified as one of its major goals to have licensure laws established within each of the 50 individual states. This action is being driven by the growing incidence of inappropriate use and blatant misuse of the title, counselor. At a minimal level, confusion about the "counselor" within our communities has been experienced by the lay public's assumption of this title. At a much graver level, some of our potential clients within our communities have been seriously harmed by untrained and unscrupulous persons offering "counseling services".

As professionals, it is our responsibility to establish criteria which protect our professional integrity and our clients within our communities. To date, counselors in 24 states have responded to this professional responsibility and have enacted licensure laws which protect and ensure their communities access to professionally qualified counseling services. The following statement is taken from the article in the A.A.C.D. Journal in regard to model legislation for Licensed Professional Counselors:

Protection of the Public
11.1 Unlawful Practice

> "It shall be unlawful for any person to engage in any of the following acts:
>
> (a) Engage in the practice of counseling without first having complied with the provisions of this act and without holding a valid license as required by this act.
>
> (b) Represent themselves by the title "Licensed Professional Counselor", "Licensed Counselor", or "Licensed Associate Counselor" without being duly licensed according to the provisions of this act.
>
> (c) Make use of any title, words, letters, or abbreviations which may reasonably be confused with a designation provided by this act to denote a standard of professional or occupational competence without being duly licensed. Materially refusing to furnish the Board information or records required or requested pursuant to this act.
>
> Any person who willfully engages in any unlawful act enumerated in this section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than $500 for each offense and not more than $1000 for each offense, and in addition may be imprisoned for a term not to exceed twelve (12) months. The third or any subsequent conviction for violation of this section during a thirty-six month period shall constitute a felony. All client fees received for professional services rendered under these unlawful conditions of professional services shall be refunded to the client by the guilty party."

The licensure law is necessary for all professional counselors. This is inclusive of school counselors. Some people take the position that since school counselors have a teaching certificate and an endorsement for counseling from the Department of Education that they do not need "Licensure", and therefore are not very interested. Following is a position statement from the American School Counselor Association adopted in 1985:

The School Counselor and Licensure

> "The American School Counselor Association (ASCA) encourages school counselors in those states which do not have a counselor licensure law to become involved with

counselors in other settings to work for the passage of a licensure law in their state.

Counselor licensure legislation would protect the public and its right to select which mental health specialty would best serve their needs. ASCA feels it is essential to offer a legal definition of the counseling profession, as well as that of qualified practitioners.

ASCA encourages that such legislation include a privileged communication clause for counselors in all settings and includes either the ASCA and/or AACD Code of Ethics as part of said legislation.

ASCA believes that licensure will establish minimum standards for entry into the counseling profession. It will require that maintenance of such license will insure that counseling practitioners upgrade their skills on a regular basis.

Licensure legislation will enhance the image of school counselors with the general public and will assist counselors in defining their role in the school setting. It will help broaden the role of the school counselor by making provisions for part-time private practice for those practitioners who desire to meet the additional requirements necessary for a license."

As a result of many hours of work by some dedicated counselors in Nebraska, counselors are now recognized as a certifiable group by the Department of Health. There is some confusion as to the differences and similarities of Certification and Licensing. Following are the statements from Legislative Bill 1100 passed by the Legislature and approved by the Governor April 7, 1988. This law is referred to as the Uniform Licensing Law.

> "License, licensing, or licensure shall mean permission to engage in a health profession which would otherwise be unlawful in this state in the absence of such permission and which is granted to individuals who meet prerequisite qualifications and allows them to perform prescribed health professional tasks and use a particular title."

> "Certificate, certify, or certification, with respect to professions, shall mean a voluntary process by which a statutory, regulatory entity grants recognition to an individual who has met certain prerequisite qualifications specified by such regulatory entity and who may assume or use certified in the title or designation to perform prescribed health professional tasks. When appropriate, certificate shall also mean a document issued by the department which designates particular credentials for an individual."

In the Uniform Licensing Law, the Professional Groups that are included are listed in the following section 71-102.

> "No person shall engage in the practice of medicine and surgery, athletic training, respiratory care, osteopathy, chiropractic, dentistry, dental hygiene, pharmacy, podiatry, optometry, massage therapy, physical therapy, audiology, speech-language pathology, embalming, funeral directing, psychology, or veterinary medicine and surgery, as defined in the Uniform Licensing Law, unless such person shall have obtained from the Department of Health a license for that purpose."

There is further confusion in the minds of some counselors and the citizenry of Nebraska in regards to Certified Counselors. The Department of Health is responsible for the "Certified Professional Counselor" and the Department of Public Institutions, Division of Alcoholism and Drug Abuse is responsible for Certification of "Alcohol/Drug Abuse Counselors". The requirements for these vary considerably, but it is possible for a person to meet the requirements for more than one certificate.

We must educate our constituents that voluntary certification is not good enough. It is not enough protection for our communities. Our clients need to be ensured of accessing creditable professional assistance. They need to be able to financially access our professional services through third party payments. Certification is not demanding enough to ensure our professionals have the education and the preparation needed for our field of work.

As professional counselors in the state of Nebraska, it is now time for us to come together and dedicate ourselves to establishing licensure laws within our own state.

We must come to recognize for this licensure law to be enacted in Nebraska it will require three elements:

Focus - Focus on our concern for the quality of professional assistance our citizens in our Nebraska communities are receiving.

Action - Action on all our parts from the school counselor to the mental health counselor to the employers of all our professionals.

Unification - Unified efforts of all we professional counselors working together for the advancement of the profession.

Nebraska's enactment of the licensure law will assure you the professional integrity you have striven so dedicatedly to achieve. As a professional and a counselor educator in these past 36 years, I have worked with and come to know a vast majority of you. I know you as responsible professionals who are concerned about the clients you serve and dedicated to your professional standards.

It is my hope that we can work together to obtain licensure to better serve our community and our profession.

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No matter how much I admire our schools, I know that no university exists that can provide an education; what a university can provide is an outline, to give the learner a direction and guidance. The rest one has to do for oneself.

If I were asked what education should give, I would say it should offer breadth of view, ease of understanding, tolerance for others, and a background from which the mind can explore in any direction.

Education should provide the tools for a widening and deepening of life, for increased appreciation of all one sees or experiences. It should equip a person to live life well, to understand what is happening about him, for to live life well one must live with awareness.

No one can "get" an education, for of necessity education is a continuing process. If it does nothing else, it should provide students with the tools for learning, acquaint them with methods of study and research, methods of pursuing an idea. We can only hope they come upon an idea they wish to pursue.

Louis L'Amour
Education of a Wandering Man

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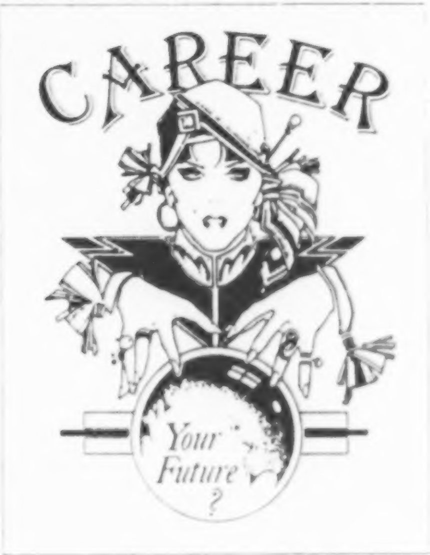

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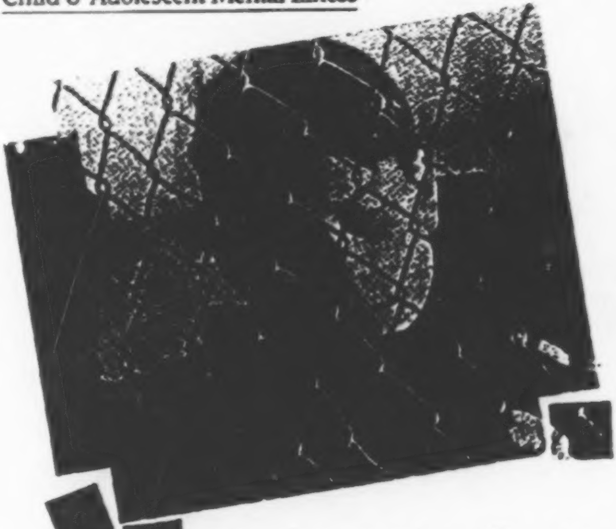

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A NOTE FROM YOUR EDITOR:

I welcome you to some unique writings of our fellow counseling professionals. Please read and learn and renew your commitment to making a similar contribution. It has been my experience that the writer is often given the greatest opportunity for growth.

I am pleased that you will find in this issue thoughts about how to take a "Positive Approach to Psychological Health," which when considered with the article "Identity Formation and Counseling" can give each of us (counselors) a way to establish our approach to others that is uniquely counseling.

Another article shares with us the struggles of "Starting a Private Practice."

If you work with substance abuse you may be interested in reading the article "ExtraTreatment Factors and Life Functioning After Substance Abuse Treatment: Stressors, Coping Responses and Friends."

In a slightly different view you can read the article on "Mergers Give New Life to Not-For-Profit Agencies: Issues and Guidelines for Successful Mergers." One of the thoughts that occurred to me was that not only do agencies merge, but many families are attempting to merge after divorcing or other losses. As I read this I realized that these thoughts apply in other situations.

Loren H. Froehlich

Real, constructive mental power lies in the creative thought that shapes your destiny, and your hour-by-hour mental conduct produces power for change in your life.

Develop a train of thought on which to ride. The nobility of your life as well as your happiness depends upon the direction in which that train of thought is going.

— Laurence J. Peter —

MERGERS GIVE NEW LIFE TO NOT-FOR-PROFIT AGENCIES: ISSUES AND GUIDELINES FOR SUCCESSFUL MERGERS

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Abstract

The merging of not-for-profit agencies are occurring throughout the country in agencies that are facing funding difficulties and/or challenges to the relevance and effectiveness of their programs. Although each merger tends to be unique, there are many similarities in the process of effecting mergers. This article looks at similarities in the process of merging not-for-profit agencies, issues in planning for mergers, key elements for implementing successful not-for-profit mergers, and the role counselors can play in the process.

Mergers Give New Life to Not-For-Profit Agencies: Issues and Guidelines for Successful Mergers

Not-for-profit social service agencies are facing difficult circumstances: client populations are increasing substantially and private corporate donations are decreasing (Greater New York Fund/United Way 1981: Sterne, 1989). Counselors who understand the need for mergers can help in facilitating a more positive experience for all involved. Counselors can serve as advocates for themselves and co-workers, for the organization, the clients and the community. This increased demand for services and the limited availability of financial resources are important challenges that will impact not-for-profit agencies for the foreseeable future. Krantz (1985) contended that major changes in organizational structures and types of programs of not-for-profit social service agencies are imminent. In some cases agency growth is occurring through mergers with other agencies which replaces present organizations with new ones or creates new federated structures, such as multi-service centers (Greater New York Fund/United Way, 1981;

Hamilton, 1986; Kuhns & Kellogg, 1982; Oretzky & Lufrano, 1989; Sterne, 1989; Tietyen, 1988). Some large funding organizations, such as the United Ways, are encouraging mergers or the acquisition by stronger agencies of smaller not-for-profit agencies who are in financial trouble (Reed, Jefferson, Finley, Lucas, & Schommer, 1989).

Our experience has shown that mergers can encourage a sharper focus on priorities; enhance operating efficiency and discourage the continuation of unnecessary services. Improving client services is also a major motivation for merging agencies (Greater New York Fund/United Way, 1981). Very little literature exists, however, which describes not-for-profit mergers or other types of administrative restructuring even though there is an apparent upward trend in mergers among not-for-profit agencies (Sterne, 1989).

The purposes of this article are to help counselors to understand the effective merger processes of not-for-profit agencies, to describe important factors in planning for mergers and to identify key elements for creating successful not-for-profit agency mergers.

Definitions

A merger is defined as the coming together of two or more not-for-profit agencies to create a single organization. It involves the integration of the management of the merging organizations and the coordination of their programs and services (Greater New York Fund/United Way, 1981). For the purposes of this article, all types of mergers, such as acquisitions, affiliations, joint ventures, conglomerations, consolidations, partnerships, and takeovers which might involve not-for-profit agencies will be included as mergers since the implementation of each type involves many common issues. Mergers may occur either voluntarily or involuntarily. When the decision to merge is one of voluntary choice by the involved agencies it is referred to as a discretionary merger. Mandatory mergers occur when the decision for two or more agencies to join is essentially directed and mandated by an organization outside of the affected agencies. Frequently, this is the one which controls the bulk of their funds, such as the United Way.

Voluntary mergers fall into two categories: consolidation and conglomeration. Consolidation mergers involve agencies that perform substantially the same function. Conglomeration mergers combine agencies that perform different functions (Greater New York Fund/United Way, 1981).

Considerations and Concerns in Not-For-Profit Mergers

Not-for-profit mergers are often considered when the continuation of services is threatened because of inadequate funding or poor administration. Frequently these situations are alleviated by stronger agencies taking over weaker agencies. Although this may be painful for some of the counselors and administrators involved. If the services are needed in the community, action is indicated to ensure continuation of the needed services. A second key factor to consider when a merger is contemplated is the identification of a shared vision. An important question to ask is if the merger makes sense in light of each organization's mission? Will the merger help to improve the quality of each agency's work (Kuhns & Kellogg, 1982)? Will the new organization solve the unresolved challenges facing each of the individual agencies better than they can respond to them individually? As counselors we possess training and skills in group work that can help in addressing these questions.

A third critical factor involves the psychological dynamics affecting the agencies' employees. As mergers bring changes, so changes may create a sense of loss for the employees. A natural response to loss is for the employees to mourn those losses. Thus, giving special attention to the impact of the changes is important to minimize the psychological impact of the merger on the employees. "Left unattended, the human costs in terms of poor morale, resignations, interpersonal conflict, and decreased productivity can spell failure for an otherwise advantageous merger" (Hunsaker & Coombs 1988, p. 63). Blake and Mouton (1985) stated, "Making two previously independent and often competing organizations into a single entity through a merger or acquisition is not a simple task" (p. 41). The financial side may look good; however, to a large extent, it is the people that determine whether a merger is successful or not (Dull, 1986). Thus, counselors within the agency have considerable influence on the success or failure of a merger. Drawing on their own skills in individual and group work, counselors can assist their staff members in getting the feelings out in the open and dealt with in an appropriate manner.

Consideration of the effects of the physical moving on employees and their families need to be considered. However, when two agencies in the same community merge, this is not generally a factor.

Another important concern is the impact of mergers on the boards of directors. Sensitivity to the personal and proprietary feelings of the not-for-profit board members also is essential to the operation of the merged board.

Pritchett (1980) identified three additional key psychological dynamics that are important for the administrations to understand and anticipate. These are ambiguity associated with unanswered questions; a weakened trust level, resulting from negative attitude, unexpected decisions and secretive environment; and self-preservation behavior resulting from feeling of vulnerability, loss or control, hidden agenda and obscure concern.

Mergers may encourage other negative behaviors to be exhibited by employee, a deterioration of communication between employees and administrators; a reduced willingness to take risks for the agencies; an increase in parochialism; heightened power struggles between employees; a loss of commitent to the agencies; and rise in employee turnover.

The successful merger of not-for-profit agencies is greatly affected, initially, by how it is presented and "whose idea" it is. Helping employees and clients to understand and appreciate the need for a merger early in the planning process will help to control the negative effects and sets the best stage for a successful merger.

Steps in the Merger Process

It is important to understand the merger process and to develop an overall systematic plan for a merger. Several authors (Oretzky & Lufrano, 1989; Kuhns & Kellogg, 1982; Greater New York Fund/United Way, 1981) have identified the following areas as needing to be addressed when merging agencies: 1) make the decision in principle; 2) form a merger/integration committee and related subcommittees; 3) plan the merger; 4) implement the merger; and 5) review the merger.

Issues to Consider When Merging Agencies

Specific issues that need to be addressed by boards of directors' comittees relate to program goals and client care, financial agreements, legal relationships; governance policies; administrative structure; personal policies; and community public relations. Once a decision is made to merge two agencies, a merger/integration committee consisting of members from each agency's board of directors should be established. This group serves as the main committee to direct the merger, develops solutions for problem areas, responds to concerns or questions raised by each agency and creates the merger agreement.

Open communication is extremely important. Thus it is advisable for each agency to appoint a separate subcommittee to explore and respond to questions and concern expressed by their respective board of directors. These subcommittees can then meet with the merger/integration committee to develop workable solutions and responses to their areas of concern. Concurrent with the above committee meetings, joint staff meetings should be held to assist each agency's staff to become familiar with each other, to undertand the programs and services that have been offered by each agency, and to assess how each of the staffs can merge their programs for the most effective delivery of their new services.

The merging of the missions of each agency is critical to a successful merger. Agencies consist of more than programs, administative structure, and personnel. Wise administrators unite the aspirations, hopes and dreams of the personnel as well as the programs and structure of the organizations they serve. In the best situation, a synergistic effect will result, with the total effects of the merged agencies being greater than the combined effects of each agency taken independently. Kuhns & Kellogg (1982) alluded to this effect when they observe that "mergers are based on the concept that in unity there is strength" (p. 1).

Financial Concerns of Mergers

Earlier it was suggested that some mergers are initiated as a means of saving money or reducing costs. This proposed benefit may not always hold true. Many experiences show that mergers, in fact, do not save money in the short run, but can help to more effectively reallocate money for the delivery of services in the long run (DeNoble, Gustafson, & Herbert, 1988). Also, the new merged agency may be in a better position to attract new funding sources or to increase their funding from current sources as a means to help offset this short-term problem (Kuhns & Kellogg, 1982).

Finally, for the merger to proceed successfully, the organizations who provide funding to the agencies need to be involved in the merger process. The community's understanding of the importance of the merger and its commitment to provide adequate funding for the merged agencies are absolutely critical in achieving a successful new merged alignment.

One key ingredient to successful mergers is the honest, forthright attitude characterized in the clarity of the agreement (Pritchett, 1980). A complete analysis of the proposed merger must be conducted and committed to paper, and after a complete understanding is reached, adopted by appropriate officials of each agency. Other issues affecting successful mergers involve identifying and resolving issues related to geographic, programmatic, and psychological territoriality prior to finalizing the merger.

Additionally, objects, traditions, practices, and/or policies that each of the merging agencies considers nonnegotiable need to be identified and resolved. The successful resolution of these issues will give rise to the confidence and belief among all parties that the merger is positive and a strength for both agencies.

The continued and adequate balance of power and attitude of compromise between agencies throughout their merger discussion is a critical ingredient for a successful merger. This balance of power can blend the vision of the organization and enhance their collective strength while maintaining their shared missions (DeNoble, Gustafson & Herbert, 1988).

It is critical to make personnel decisions and determine compensation and benefits consistent with the policies established for the new agency as soon as possible. A merger may present opportunities for new job possibilities, promotions, and a number of cross-agency promotions. This kind of attitude and approach can guard against the "us versus them" mentality that is very destructive to mergers (DeNoble, Gustafson & Herbert, 1988).

Another important ingredient to successful merger implementation and operation is the role of the new executive director. The executive needs to become very knowledgeable and understanding of the work of the merging agencies and involve all board members, both old and new, extensively in policy decisions developed for the new agency.

Systematic, sensitive communication with each agency's board, administrators, and staff members is essential and can be best accomplished with a well informed administrative team. In addition, the administration can and should help the staffs to develop an appreciation for the organizational cultures of the merging partners (Kool, White, & Smith, 1988).

A natural tendency is for the agencies' administrators to grow more cautious in their communications so as not to raise inappropriate hopes and expectations during a merger. An increase in communication, rather than a decrease, is indicated during this stressful time. Administrators who present the big picture as well as the specific details about why the merger makes sense and answer all employees' questions as fully as possible will be helpful in making the transition. Open communication is the critical first step towards building trust and confidence between the personnel in the two organizations (Hunsaker & Coombs, 1988).

Involvement of as many employees as possible and as soon as possible in the merger process is essential (DeNoble, Gustafson & Herbert, 1988; Hunsaker & Coombs, 1988; Reed, Jefferson, Finley, Lucas & Schommer, 1989). Team building activities which help people work together, improve staff communication, clarify the new agency's priorities and define its objectives will contribute to the building of trust and mutual support, as well as provide an opportunity for the new group to analyze its strengths, weaknesses, and overall performance (Blake & Mouton, 1983; Dull, 1986; Hunsaker & Coombs, 1988).

Mergers require the mutual confidence of all personnel. "If you ask what one thing made it work," said an executive of one merged agency, "I'd answer that it was the good faith and trust that existed between both of our groups" (Setterberg & Schulman, 1985, p. 233).

Factors Affecting the Time Frame for Successful Mergers

It is important to assume that a merger will not automatically be a success and that it will take some time. As Blake & Mouton (1983) stated, "Many mergers do not measure up to the hopes held for them in feasibility studies" (p. 41). The integration period for a newly merged agency may require several months, perhaps years.

before it can be declared a success. Several factors influence the time frame for successful mergers:

1. The reason(s) for the merger. Is it mandatory (rescue), discretionary(collaboration), conglomeration or consolidation, or some combination?
2. The degree to which the two organizations will be merged or integrated;
3. The nature of the acquisitions or nonintegrated mergers such as when the systems are to remain unchanged, when there is no loss of staff, and when there is minimal staff turnover expected (Reed, et al., 1989);
4. The management skills and experience of the persons in charge of the merger;
5. The extent to which cultural differences exist between the merging agencies (Deal & Kennedy, 1982);
6. The external events that are impacting the economic, social, and business world at the time of the merger (Hamilton, 1986);
7. The degree to which the integration program proceeds in a strategic, orderly, and informed manner (Cole, 1975).

Summary and Conclusions

The increase in mergers of not-for-profit agencies will affect the delivery of voluntary social agency services throughout our society for the foreseeable future. When a merger is imminent, agency administrators and their boards must become keenly aware of the factors related to successful mergers and work diligently with each other and their staffs. Although not a solution for all agencies' problems, and recognizing that each merger will be different, mergers do provide opportunities to establish more centralized, effective and efficient agencies; ones that are more capable of developing solid, diversified funding bases.

Whether it is a parent agency, an acquired agency, or a combined agency, the greatest errors of post-merger administration are errors of ommission (Kuhns & Kellogg, 1982). In mergers, change is abrupt; it often traumatizes people, and there is a natural resistance to change. (Buono, Bowditch, & Lewis, 1985). Agency leaders who deal proactively and with the numerous consequences of this change on the staff, the board, and the clients will find the merger move more smoothly. Finally, "assess each and every action in light of its contribution to an increased corporate (agency) capacity for change" (Peters, 1987, p. 274).

Heraclitus stated, "There's nothing permanent except change (cited in Peters, 1987, p. 51). The ultimate survival of not-for-profit agencies will depend, not so much on what happens to the not-for profit world, but on how the agencies' counselors, administrators and boards of directors choose to handle what happens. Counselors can have a significant and long-lasting impact on mergers from the time of considering the changes, through designing and implementing the plan and, lastly, ensuring that staff, clientele and the community are best served.

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> Always aim at complete harmony of thought and word and deed. Always aim at purifying your thoughts and everything will be well. There is nothing more potent than thought. Deed follows word and word follows thought. The word is the result of a mighty thought, and where the thought is mighty and pure the result is always mighty and pure.
>
> *— Mohandas K. Gandhi —*

IDENTITY FORMATION AND COUNSELING

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Erik Erikson connected identity formation to ego development in the Life Cycle (Erikson, 1950, 1982). Counselors need to understand the significance of this development as it applies to their practice of counseling.

Erikson believed that Freud was right in stating that the source of human problems was not a conscious choice, but one which occurred as an early life experience before the ego was developed enough to reflect on itself. Erikson shifted the emphasis from the id, which was the center of concentration for Freud, to the ego (Erikson, 1982).

At each of Erikson's eight stages, the individual experiences a tension between each polarity (ex. Trust vs. Mistrust). This tension creates a crisis which must be successfully resolved to more of the positive than negative before the individual is able to advance to the next stage. The ego becomes the mediator which explores the continuum at each stage (Erikson, 1982).

The individual moves to the next stage as the concerns of that stage become important. Because resolution is not complete at any stage, an individual may be working back and forth between the stage above and below in order to achieve the basic ego strength for each level (Erikson, 1982).

Maier (1965) explains this growth process by stating that

> *"development is a continuous process with each phase equally a part of the continuum, since every phase finds its antecedents in previous phases and its ultimate solution in those subsequent to it. Each successive stage provides the possibility of new solutions for previous questions, while an element of conservatism is always present because every early acquisition lives on in subsequent phases, in some form.*

> *"The developmental stages constitute the ego's timetable and mirror the structure of the relevant social institutions. An individual develops into his next phase as soon as he is biologically, psychologically, and socially ready, and his individual readiness is matched by societal readiness." (Maier, 1965).*

The ego must struggle along a continuum between the two polarities for each stage. Erikson called the healthy-ego end of the continuum the syntonic and its opposite the dystonic (Erikson, 1982). He believed the ego confronted each

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polarity until it reached a "desirable balance" or "favorable ratio" between the syntonic and dystonic at each level. This "favorable ratio" should be considered only a temporary satisfaction, as explained by Maier (1965) and is capable of being revised at future levels of development.

Erikson (1968) wrote, "From a genetic point of view, then, the process of identity formation emerges as an evolving configuration—a configuration which is gradually established by successive ego resyntheses throughout childhood. It is a configuration gradually integrating constitutional givens, idiosyncratic libidinal needs, favoured capacities,significant identifications, effective defenses, successful sublimations and consistent roles."

The developing ego has to meet the challenges of life and integrate enough to survive and prosper. Erikson (1982) realized the ego must be very adaptable. He became interested in the strength of the human ego and studied the work of Heinz Hartmann (Erikson, 1982). Hartmann said the ego was far more adaptable than Freud or others before had believed and that the ego not only controlled the id, but was its own source of energy. Erickon (1950) used both of these ideas.

Erikson studied the problems of his clients and determined that not only did the ego have its own energy, but it was continually working to provide a sense of integration within the ego mass we refer to as personality. Erikson (1964) called the ego a "selective, integrating,coherent and persistent agency central to personality formation." Stevens (1983) wrote that Erikson believed "Identity is the integration of integrations and, in that sense, can be regarded as the epitome of ego functioning."

Erickson (1968) explained this integration by writing:

> "What the 'I' reflects on when it sees or comtemplates the body, the personality, and the roles to which it is attached for life--not knowing where it was before or will be after--are the various selves which make up our composite Self. There are constant and often shocklike transitions between these selves: consider the nude body self in the dark or suddenly exposed on the light; consider the clothed self among friends or in the company of higher-ups or lower-downs; consider the just awakened drowsy self or the one stepping refreshed out of the surf or the one overcome by retching and fainting; the body self in sexual excitement or in a rage; the competent self and the impotent one; the one on horseback, the one in the dentist's chair, and the one chained and tortured--by men who also say 'I.' It takes, indeed, a healthy pesonality for the 'I' to be able to speak out of all of these conditions in such a way that at

> any given moment it can testify to a reasonably coherent Self."

Erikson believed the ego was capable of performing that task of integration. To explain the sense of integration, Erikson (1968) quoted William James (1920) from a letter to his wife. "A man's character is discernible in the mental or moral attitude in which, when it came upon him, he felt himself most deeply and intensely active and alive. At such moments there is a voice inside which speaks and says: 'This is the real me!"

Hamachek (1990) explained Erikson's concept of ego as "that part of the self that is in touch with the outside world through mental processes such as thinking, perceiving, remembering, reasoning, and attending, all of which are differentially used by people to achieve their goals and define their self-concepts."

In order for the individual to keep track of the sense of identity or for the counselor to understand a client's actions or feelings at any moment in time requires three sets of factors (Erikson, 1950). These three sets of factors include the somatic process (soma), ego development (psyche) and social context (ethos).

The somatic process includes all the biologically-programmed timetables given to the individual through genetics. This aspect could include any physical problems or difficulties the individual may have, but could also be the way parents or other significant persons reacted to the individual and how they treated the individual's development ego. It is in this part of his theory where Erikson was most like Freud (Stevens, 1983). Erikson frequently used the Freudian terms of "oral" and "anal" in discussing the early stages of his own theory. Stevens (1983) explained that both Freud and Erikson believed that "psychological characteristics emerge out of biologically-based actions, and like them, evolve in a process of progressive differentiation."

The second process that concerned Erikson was social context or ethos. Erikson himself was born of Danish parents in Germany and later moved to the United States. He understood the important role that society played in the development of personality and spent time studying social context in the development of children of the Sioux tribe in South Dakota and the Yurok tribe in California (Erikson, 1950). He felt that the patterns of a culture, legends and beliefs, customs and rituals were all transmitted to an individual through the social context.

The third process was ego development which Erikson viewed as a synthesis of the other two processes. The ego develops as it progresses through the eight stages (Erikson, 1950) and it becomes"'....an inner 'agency' safeguarding our coherent existence by screening and synthesizing. In any series of moments, all the impressions, emotions, memories, and impulses which try to enter our thought and demand our action and which would tear us apart if unsorted and unmanaged by a slowly grown and reliably watchful screening system." (Erikson, 1968). Thus, the ego must balance not only the drives (soma), but the private (psyche) and public (ethos) aspects of personality as well.

These three processes are kept in balance by a system he called triple-bookkeeping (Erikson, 1950). He believed that the somatic process, social context and ego development all worked together and the influence between any two items of this triangle worked in both directions. For example, the body could influence the state of the ego and the ego could influence the state of the body.

The ego works to find the balance of these processes and is able to use the strengths it develops through the early stages (Trust vs. Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, and Industry vs. Inferiority) as background for the polarity experienced in the fifth stage— Identity vs. Role Confusion.

Identity was the main concern of this fifth stage. If the ego was successful in working through the first four stages, Hope, Will, Purpose and Initiative would have developed (Erikson, 1950). But if any or all of the first four stages were not adequately resolved by the ego, an inferior identity was achieved. When the counselor identifies poor resolution of these early stages, he or she will want to take the client and whatever functioning ego the client has and revisit and resolve the trauma experienced at the early stage. The ego was not able to make proper integration and was forced to overdefend itself. When these early traumas are revisited in the safety of the counseling relationship, the ego can function to integrate and resolve the trauma. Now new Hope, Will, Purpose and Initiative can be started. This has been referred to as healing the hurt child.

Erikson knew of the struggles the ego was attempting to resolve when he wrote Identity: Youth and Crisis (1968). He was convinced that a strong, healthy ego could establish the sense of identity necessary to face the three adult stages of development. These are Intimacy vs. Isolation, Generativity vs. Stagnation and Integrity vs. Despair. These lead to the ego strengths of Love, Care and Wisdom respectively.

In many cases, the ego was able to overcome problems (Erikson, 1982) by returning to earlier stages of the Life Cycle and confronting issues and resolving them. The counselor will often observe regressions in behaviors, dreams and other cognitive processes in those with unresolved early stages. This movement of the ego along the continuum of the Life Cycle is one of the important features of Erikson's theory. Even though biology may move to advanced stages, the ego may be forced to regress in an attempt to deal with unresolved psyche issues. When problems existed at one level progress to the next may be temporarily halted.

Erikson realized that many problems manifest themselves at the fifth stage, that of Identity vs. Role Confusion. He found that coming to terms with the polarity at this stage was a summation of the four earlier stages and when the earlier stages are left unresolved, there will be inner conflict. The problems at this stage were common enough and important enough that Erickson (1968) called it the"identity crisis."

Although the term has come into common usage today, it had special significance for Erikson because a problem at the fifth stage could mean difficulty in dealing with the three stages of adulthood (Erikson, 1950). An individual then, who had trouble with an identity crisis would need time to work through integration of the earlier stages to be able to come to an understanding or integration of the Self. Society often does not allow young adults enough time to work on identity formation but expects them to finish school and begin a productive career.

In his study of the identity crisis, Erikson (1982) discovered that many young adults (especially those that were intelligent or gifted found ways to give themselves extra time, extend the fifth stage and accommodate the ego in its struggle there. They chose to attend universities, take long journeys, or create other delays in their lives. Erikson himself spent his first years out of school traveling though Europe as an artist which he said is a euphemism for "a man with talent, but nowhere to go." His work with this extended adolescence caused him to call it a "psychosocial moratorium" (Erikson, 1982).

This is an example of how the social context or ethos influences the individual's ego development of psyche. But Erikson was also interested in how the individual ego could influence the ethos which could be viewed as a cultural ego.

First of all, Erikson (1982) believed that the ethos, like the individual ego was adaptable. He cited two examples of how the cultural ego was forced to change. First the ancients believed that the sun, planets and stars all revolved around the earth. With the gradual acceptance of the Copernican theory, the ethos of mankind had to adapt and accept a world view far different than had been held for centuries.

A second adjustment was initiated when Darwin published his theory evolution. The cultural ego was forced to reexamine itself and adjust to new perceptions, redefine beliefs and find a new balance on the continuum. In both of these cases, the ethos has adjusted, at least to a degree, and society has continued. Because we have made adjustments of our understanding of our outside world, we may assimilate our understanding of our world in a different way than was understood centuries ago.

Erikson wanted to explore how the ego could influence the ethos. Since change in society is slow and takes considerable time to document, he chose to study historical figures. He looked at them through biography, through an examination of the society they lived in and through a psychoanalysis of notes, letters, interviews and records left behind by and about the subject. He termed this method "psychohistory."(Erikson, 1982).

Using this method, he wrote short pieces on Shaw, Darwin, Frued and Hitler. In his work on the latter, he coined the term 'pseudospeciation' (Erikson, 1982) to describe the situation that occurs when one part of a species comes to believe that it is not only better than another group, but that the opposing group should be overcome. He credits 'pseudospeciation" with fostering loyalty, patriotism and heroism, but noted that in it's worst form it would lead to destruction.

These short psychohistories provided interesting insights into historical characters. While working on a similar piece on Martin Luther, Erikson (1958) realized that what was supposed to be a chapter in one book needed to be a full book of its own. He examined Luther's life and culture and wrote Young Man Luther from his studies. In 1969, he published a second book-length psychohistory called Gandhi's Truth which won both the Pulitzer Prize and a National Book Award.

These psychohistories are not just biographies of the subjects' lives. Erikson takes the events and then looks for motivations and tries to recreate how a personality developed. About Gandhi's Truth, Stevens (1983) wrote, "What really comes across is the complexity and seeming contradictions in Gandhi's character. He was a man whose very humility seemed to spring from a will to power. From being a dandified barrister who could take snobbish delight in travelling first class, he came to practice a militant poverty and to be prepared to do for others the meanest of tasks. A delight in teasing and making fun co-existed with a moralism which could lead him to forbid his followers to gossip, sleep too much or drink tea. He refused to take milk to avoid inflicting pain upon a cow and yet could treat his sons with harsh rejection."

Because Erikson was analyzing each historical character, he was concerned, like the counselor, for the possibility of counter-transference or "his own unconscious, emotional projection onto the person he is writing about. Even the very choice of subject may have its roots in early identification or be a way of indulging suppressed aspects of the writer's own identity — his 'murdered selves.' Such involvement is highlighted by what Erikson calls cross-transference— expressed in the annoyance he admits to feeling sometimes, because of his sense of a special relationship with his subject when other biographers present him in a different light." (Stevens, 1983).

Erikson was also interested in the work of Einstein and in 1980 he was invited to speak at an international conference celebrating Einstein's work. At the conference in Jerusalem, Erikson, like all the other speakers from various fields of study, related Einstein's work to his own. Erikson (1982) admired Einstein's work with relativity and saw the connection between relativity and psychoanalysis.

He wrote, "The psychoanalytic situation, I claimed, can be reviewed in terms that picture the psychoanalyst's and the patient's minds at work as two 'coorindate systems' moving relatively to each other. The seeming repose and impersonality of the psychoanalytic encounter actually permit and intensify in the patient a 'free floating' of 'associations' that can move about with varying speed through the distant past or the immediate present to the feared or wished-for future, and at the same time, in the spheres of concrete experience, fantasy, and dream life."

It is interesting to note that Erikson was adept at combining disciplines of study. His concept of triple-bookkeeping was expanded to bring together biology, psychology and sociology in an original format and, later, with his studies of Einstein, he was able to introduce at least theoretical aspects of science into psychoanalysis. This is interesting because Erikson never earned a college or university degree even though he held positions at Yale, Harvard and the University of California.

Through his work with psychohistory, psychosocial stages of development, and identity crisis, Erikson furthered our knowledge of the concept of identity and its importance in ego development. He believed in the strength of the ego and its desire to progress, grow and integrate. He wrote, "Children fall apart repeatedly, and unlike Humpty Dumpty, grow together again." (Erikson, 1950). To summarize his thoughts on ego and identity development, it is perhaps best to cite his own version of the Golden Rule, "Do to another what will advance the other's growth even as it advances your own." (Erikson, 1982).

We know that children may grow together again, but it may happen that the pieces are out of place. They may cease to see the world as a loving, accepting place. When this happens they may attack themselves even further or lash out at the cruel world.

Our efforts to heal ourselves are not always appropriately accomplished. We all need to be a part of a healing system, but that is not always possible. May we as counselors be fully aware of how we can help to put the pieces back together again so the individual and his or her integrating system(s) can develop to make appropriate coping responses.

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THE COMPONENTS OF GOOD MENTAL HEALTH: THE SEARCH FOR SOLUTIONS

by

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Kinnier (1991) makes an excellent case that mental health practitioners and theorists have traditionally avoided trying to establish the components of mental health. He states that the focus has been on investigating what constitutes mental illness by focusing on the causes of the client's pathology and other components of mental illness. Kinnier proposes that counselors establish and use the nine components for fostering mental health.

O'Hanlon and Davis (1989) point out that a basic principle in solution-based therapy is the search for solutions, not causes. This is a more positive and encouraging 'counseling' approach which emphasizes mental health components for fostering mental illness.

Kinnier's nine components of mental health, plus other authors comments in those areas are presented below:

1. Self-Love

Self-love and positive self-esteem are very important to one's positive mental health. Kinnier points out that self-love is not self-centeredness or self-infatuation but self-respect. The basic premise is that people must like themselves before they can like others. (Kinnier 1991).

Coan states that harmony or liking self is important as a person searches for personal fulfillment. (Jourard & Landsman, 1980). Maslow states that for one to be self-actualized a high degree of self acceptance is necessary (Jourard, 1980).

2. Self-Knowledge

Kinnier relates that persons experiencing mental health know themselves very well. They are aware of their feelings, behaviors and motives. The importance of self-knowledge as a component of mental health is evidenced by numerous observations that self-knowledge is one of the basic goals of counseling. (Kinnier, 1991).

Kinnier stated that, "Freud, Adler, Erikson, Fromm, Horney and Jung believed that uncovering and understanding of one's unconscious needs, fears, and conflicts are a prerequisite for psychological health." (Capuzzi and Gross, p. 30).

Terms, as used by these theorists, may lead the reader to think that mental illness is resolved by exposing the illness. However, exposure of the illness must lead to replacement with mental health. It appears that self-knowledge leads to self acceptance if we can find a way to accept and integrate our experience with our selves in a positive way. Adlerians support self-knowledge as a prerequisite to good mental health. It is important to understand one's private logic. Private logic is described as the rules, values, regulations, convictions, beliefs and perceptions that people adhere to in their lifestyle. (Pilkington, 1984).

3. Self-Confidence and Self Control

Kinnier reveals that functioning independently, being assertive, having confidence and being in control of our lives are characteristics of psychologically healthy people. (Kinnier, 1991).

4. A Clear Perception of Reality

Kinnier states, "Psychologically healthy people have a clear perception of reality. Occasionally minor distortion of reality are typically on the optimistic side." (Kinnier, 1991, p. 31).

Maslow believed that an efficient perception of reality was needed in order for a person to be fully self actualized. (Jourard & Landsman, 1980).

5. Courage and Resilience

According to Kinnier, mentally healthy people realize that life is a risk. They accept the fact that "life is a risky\business." However, they have the courage to confront their fears. They are risk takers. People who possess courage and are resilient have the ability to bounce back after crisis and set-backs in life. (Kinnier, 1991).

Adlerians support this component of good mental health. Encouragement is needed in life to be successful, productive, and contented. "Courage" is a part of the word "encouragement". Courage is a prequisite for developing adequate coping skills in life. (Pilkington, 1984).

6. Balance and Moderation

Kinnier states psychologically healthy people live balanced lives with moderation being a theme in their lifestyle. They are seldom extremists and fanatics (Kinnier, 1991).

Persons who realize their lives are "out-of-balance" can suffer from overload stress. Overload stress can contribute to menta! illess. (Pilkington, Pilkington, & Denker, 1988.

7. Love of Others

Kinnier states, "psychologically healthy people love at least one person besides themselves." (Kinnier, 1991, p. 35).

Maslow believed that to be self actualized a person needed to have the ability to establish a close and loving relationship with one or two people. (Jourard & Landsman, 1980).

8. Love of Life

Another important component of Kinnier's nine components of mental health is the love of life. People who love life are those who are active, curious and enthusiastic. They don't take themselves too seriously. They have a sense of humor and have the ability to relax. (Kinnier, 1991).

Possessing a sense of humor and enjoying life are characteristics of Maslows' self-actualized person. (Jourard & Landsman, 1980).

9. Purpose in Life

According to Kinnier, people who are psychologically healthy have found meaning and purpose in their lives. They are committed to something outside of themselves. Among the most meaningful aspects of life for many people are such things as work, career, love, family, and a spiritual perspective. (Kinnier, 1987).

Social Interest, an Adlerian concept, is defined as one's ability and willingness to cooperate and contribute to the group. It is reaching out to and helping others. Social interest can contribute to a persons mental health. (Dinkmeyer, Dinkmeyer, & Sperry, 1987).

Conclusions:

Kinnier's nine components of psychological health could well be viewed as developmental tasks that are necessary for a fully functioning individual to master in order to be a mature psychologically healthy adult. Each of these nine components can be viewed as being a continuum rather than a completed task. Individuals grow, or regress, in these components as they are able to apply them, or not apply them, to their mental, emotional, and physical development.

These components can serve as milestones of growth and development for the counselor and client as they access growth and change resulting from the counseling process. The authors encourage the reader to pursue Capuzzi and Gross' book for greater detail on Kinnier's nine components and for a broader perspective for counseling in the 1990's.

The idea of seeking the components of positive mental health and confirming those with solution oriented therapy may well be sufficient for some settings. We encourage counselors to examine these concepts and seek application, evaluate the results and share their discoveries with their colleagues.

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EXTRATREATMENT FACTORS AND LIFE FUNCTIONING AFTER SUBSTANCE ABUSE TREATMENT: STRESSORS, COPING RESPONSES, AND FRIENDS

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ABSTRACT

The purpose of this study was to determine functioning differences between drinkers and abstainers after substance abuse treatment. Extratreatment factors and life functioning factors were reported on a questionnaire by 58 former substance abuse clients who had completed substance abuse treatment at a mid-western out-patient mental health clinic. The questionnaire (Moos, Cronkite, Billings, & Chan, 1990) was designed to assess indices regarding health, social functioning, and extratreatment factors (weighted environmental and social stressors, coping responses, and number of friends). Functioning factors included quality of significant relationships, substance abuse relapse, depression, illness, and self-confidence. Results showed that for drinkers more friends were related to higher self-confidence; however, for abstainers, more friends were related to lower self-confidence. More stresses were related to more illness for drinkers; stressors had no significant correlations with functioning factors for abstainers. For both groups, those who reported more active cognitive and behavioral coping responses reported better functioning than those who report-

ed more avoidance coping responses.

Extratreatment Factors and Life Functioning After Substance Abuse Treatment: Stressors, Coping Responses, and Friends

Economically, the cost of alcohol abuse is estimated to be as high as $120 billion (National Institute on Alcohol Abuse and Alcoholism (NIAAA, 1989), including both direct costs for treatment and medical care for related problems, and indirect property losses due to accidents and crime. An estimated 18 million Americans experience problems resulting from substance abuse. Substance abuse is associated with premature death; medical complications of virtually all organ systems; neuropsychological deficits; social problems such as divorce, child abuse and loss of employment; and various forms of psychological distress. (NIAAA, 1989).

Substance abuse is exacerbated by, and contributes to, problems with relationships, social role difficulties, physical health, mental stress, and depression. Before solutions can be developed for individuals with substance abuse problems, there is a need to know which life factors have been affected by and/or are parts of the problem. Cronkite and Moos (1980) found certain extratreatment factors to be pivotal influences in the lives of substance abusers before, during, and after treatment. Primary among these are life stressors, coping responses, and social resources. (Finney & Moos, 1989).

Bales (1946) explained the high rate of alcoholism among men in nineteenth and early twentieth century Ireland in terms of defective sociostructural factors. These factors (primarily, lack of sexual and status fulfillment) created stress and inner tension while society concurrently supported reinforcing attitudes toward drinking. The culture failed to provide alternative mechanisms for relief of the stress and tension.

Linsky, Straus, and Colby (1985) tested part of Bale's theory (Bales, 1946) and found that aggregate indices of negative stressors were linked to variation in substance consumption and substance related death rates in all 50 of the United States. The researchers examined the distribution of stressful situations across the U.S. and developed an index for measuring the stressfulness of various locales. Two types of stress were measured, life events (for example, business failures, abortions), and chronic stressful conditions (such as lack of status integration and opportunities).

In his work with social learning theory Bandura (1977) hypothesized that expectation of personal efficacy (a belief in one's ability to solve problems) determines which coping mechanisms will be used. Many researchers have used social learning theory to explain substance abuse (Abrams & Niaura, 1987). Cooper, Russell, and George (1988) found that reliance on drinking as a coping strategy was the most powerful explanatory variable in a study of adults meeting DSM-III-R (American Psychiatric Association [APA], 1987) criteria for current alcohol abuse or dependence. The researchers determined that drinking to avoid problems was a sign of poor self-efficacy, and intrinsically maladaptive.

It has been shown that stressors requiring coping responses are associated with illness, including mental illness (Holmes & Rahe, 1967; Lief, 1948; Rahe, Meyer, Smith, Kjaer, & Holmes, 1964). The use of substances to cope with stressful situations has also been implicated in post-treatment relapse. Marlatt and Gordon (1985) in a frequently cited research study found that over three quarters of their sample of relapsed alcoholics reported taking their first drink in stressful situations; specifically, where they were faced with either unpleasant emotional or social pressure to resume drinking.

Although stressful life events may predict the development of substance abuse in some individuals, they also can promote the recovery process in others. A serious illness, the alcohol-related death of a friend, an imminent divorce, or being fired from a job for substance abuse can convince a person to abstain from substances (Seeman & Anderson, 1983). Stressful events have a differential impact on substance use. Remission or relapse is often dependent on how one perceives and then copes with a stressful event.

Moos, Finney, and Cronkite (1990) divided attempts to resolve stressful events into three divisions, active cognitive coping, active behavioral coping, and avoidance coping. Active cognitive responses are appraisal focused strategies, how one perceives a stressful situation. Active behavioral responses include overt action that attempts to solve the problem. Avoidance coping is differentiated from active coping by its passive quality. Avoidance responses are emotion focused strategies, involving either behavior or cognition. Generally, avoidance coping involves trying to avoid stressful emotional situations by finding an alternative. The alternative often turns out to be counter productive (such as drug use, or trying not to think about it); the original problem is rarely solved (Dohrenwend & Martin, 1979; Folkman & Lazarus, 1980; Mitchell, Cronkite, & Moos, 1983).

Perri (1985) identified coping strategies used by people who succeeded in self-management of a drinking problem without utilizing professional advisement. Abstainers and nonproblem drinkers used a variety of coping methods, including active behavioral responses such as stimulus control and searching for advice and support. Moos and Schaefer (1986) found that recovered substance abusers were more likely to use active cognitive and behavioral responses than were relapsed substance abusers. Relapsed substance abusers made significantly more use of avoidance coping responses, particularly those that served to discharge emotion (such as trying not to think about it). Active cognitive and behavioral responses were related to less substance use.

Family support has been related to a decline in avoidance coping and to an increase in active cognitive and behavioral coping (Holahan & Moos, 1987). Surveys have shown that when positive social resources (friends and family) are lacking, those persons experiencing stress are more likely to abuse substances as a coping response (Choquette, Hasselbrock, & Babor, 1985; Timmer, Veroff, & Colten, 1985). Other reseachers found that when serious problems in relationships were identified at intake to treatment, individuals tended to show poorer treatment outcome (Vannicelli, Gingerich, & Ryback, 1983). Recovery can be promoted by positive changes in relationships, such as reconciling with a supportive spouse who exerts effective social controls on problem drinking (Tuchfeld, 1981).

The purpose of the present study was to determine whether correlational patterns between life functioning (quality of significant relationships, substance ingestion, depression, physical health, and self-confidence) and extra-treatment factors (stressors, coping responses, and number of friends) after substance abuse treatment would be found for successful abstainers and clients who had relapsed. It was hypothesized that more positive coping responses, fewer life stressors, and more social resources would be related to more positive significant relationships, less substance use, fewer health problems, and more self-confidence.

Method

Subjects

Former clients (N = 126) of a rural mid-western out-patient non-profit substance abuse program were sent survey questionnaires by mail; these clients were the total number of graduates of a treatment program. Subjects (N = 58) were the clients who completed and returned the survey.

Of the 58 subjects, 31 had met psychiatric diagnosis criteria for substance abuse or dependence (APA, 1987) as an initial diagnosis, before treatment. Subjects included 27 clients who had participated in therapy as a co-dependent friend or family member of a diagnosed substance abuser. The treatment program encouraged co-dependents to participate in treatment with substance abusers.

Instrument

The questionnaire was designed to measure a variety of areas, sociodemographic, depression and self-confidence factors, individual health-related and substance use factors, stressful life events and coping responses to such events, and social resources. The instrument is a modified version of the

Health and Daily Living Form (Moos, Cronkite, Billings, & Chan, 1990).

Procedure

A cover letter explaining the purpose of the study and an offer of $50 for completion and return was included with each questionnaire. Data analysis was performed using SPSS-pc (Statistical Package for the Social Sciences, Inc. [SPSS], 1986). To ensure confidentiality, no names were used (only numbers) and the researcher signed a confidentiality statement which is on file with the mental health center and the State Department of Public Institutions.

Results

The subjects were generally middle class, most (64%) had attended one year of college or more. Half were married. Occupations were varied; 21% had managerial jobs, 44% had labor jobs, 35% were homemakers, farmers, and clerical/sales job holders. Family income averaged $20,000 and $24,999. Ages ranged 20-60, M = 37.5, SD = 10.64. Half of the subjects were male and half were female, but, 93% of the co-dependents were female and 87% of the dependents were male.

Time since treatment ranged from 6 months to 3 years. Alcohol abstinence was reported by 70% of the total subjects; the dependents reported 79% abstinence, and co-dependents reported 59% abstinence. Of the total, 96% of subjects reported drinking less than 1 oz of alcohol per day during the previous month. Only one client indicated a drinking problem at the time of data collection. The other drinking clients were classified as controlled or social drinkers (Skinner, 1981). No illicit drug use was reported.

Abstainers (n = 41) were compared with drinkers (n = 17).

Results showed stressors had different associations for abstainers and drinkers. Stressors and functioning factors did not show significant correlations for abstainers. Drinkers showed positive correlations between negative stressors, exit stressors, and illness. Drinkers and abstainers showed a positive correlation between active cognitive coping and self-confidence. Abstainers had a positive correlation between cognitive coping and significant relationships; drinkers did not. For drinkers, avoidance coping was positively related to depression and to illness; for abstainers, avoidance coping was positively related only to depression. Abstainers showed positive correlations with active behavioral coping and significant relationship scores, and self-confidence, while drinkers showed no significant correlations. Abstainers showed a negative relationship between friends and self-confidence. Drinkers showed a positive relationship between friends and self-confidence, and a negative relationship with depression.

Results from the survey questionnaire supported many of the research findings from other studies. Drinkers had significant positive correlations regarding stressors with illness and avoidance coping with illness, supporting Holmes and Rahe's (1967) ideas. The stress-illness relationship may be an indication of poor coping skills and internalization of stress. There were no significant correlations with drinking and extratreatment factors, however, reliance on drinking as an avoidance strategy may follow as further indication of poor adaptability (Cooper et al., 1988). It was found in the current study that friends were associated with lower self-confidence problems for abstainers but higher self-confidence for drinkers. Holahan and Moos (1987) found that positive social support was related to a decline in avoidance coping, and, other studies have found a relationship between friends and substance abuse recovery (Choquette et al., 1985; Timmer et al., 1985). It may be that negative social support was a factor in the current study and contributed to the relapse of drinkers. The relationship between more friends and lower self-confidence may be an indication of the difficulty of changing friends and changing lifestyle. Drinking friends may discourage recovery and incite cognitive dissonance for the abstainers resulting in lower self-confidence. Perhaps drinking friends have an emotional investment in their own behavior and are disparaging towards the abstainer. Drinkers had a negative correlation between more friends and depression and a positive coerelation with self-confidence. Drinkers may have still had drinking buddies that reinforce drinking behavior; this may have had a positive influence on self-confidence and lowered depression. The majority of these drinkers were social drinkers, social pressure may lead to further relapse as predicted by Marlatt and Gordon (1985). Results supported the hypothesis that more positive coping responses would be related to positive life functioning factors. Continued research efforts are needed to explore coping behavior in regard to substance use and relapse. Results of the present study suggest stressors have less impact on social functioning than coping responses. Number of friends may be a negative factor in substance abuse recovery, particularly if friends are associated with drinking behavior.

It is difficult to study clients after therapy. Many would like to distance themselves from former problems, especially stigmatized problems as substance abuse. Studies are necessary because of the enormous problems society is burdened with as a result of substance abuse. Multiple assessment methods, including interviews, and corroborated information would be useful. The nature of friends needs to be investigated. Work place relationships may also have consequences for would-be abstainers. Further study is necessary to understand the nature of the problems associated with substance abuse recovery and to improve the reaction of society to the individuals involved.

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STARTING A PRIVATE PRACTICE

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Four new graduates of Creighton University' s Counseling Program have started private practices in counseling in the last three years. The attractions and also the difficulties of such a decision are explored in interviews with each woman. Recommendations of steps to take and plans to make before starting a private practice are included.

Starting a Private Practice

Counselors in schools and agencies speculate from time to time about leaving their jobs and opening a private practice. Students in counseling programs are confronted with decisions about their own career paths. For a field which actively advocates deliberate career planning and development for others, counseling has perhaps neglected paying attention to career paths for counselors. A search of the literature revealed no articles in the last fifteen years on masters level counselors beginning a private practice. The Counseling Psychologist devoted its January, 1992, issue to concerns of new and early professionals in counseling psychology. New in this context was defined as a recent graduate; early professional was defined as six to ten years after the degree. Some descriptions of the experience of new and early counseling psychologists, albeit at the doctoral level, (Good, 1992) can provide a framework for examining the experience of four graduates of Creighton University's masters program who began private practice within the last three years.

Good (1992) indicated that while all new and early professionals have unique challenges and stresses, the specific nature of these may vary by the employment setting, whether school, agency, hospital, or private practice, and by the stage of career development, whether new, early, or other. In addition, individual and demographic issues may also determine the particular nature of the stresses. He mentions, for example, that the stresses of single parents will differ from those of childless persons; ethnic minority from Anglo, and male from female. He identified several issues as typical of the stage of career development. Regardless of setting, new professionals have issues of competence, role conflict and/or overload, and licensure or certification. For early professionals, these stage issues might be burnout and professional renewal.

Buckner (1992), writing as a new professional who went directly into private practice, indicated that difficulties included urgent needs for information on daily ethical decisions, laws of the state which apply to counseling, and business operations. He urged that beginners make connections with legal, business and medical professionals, and also that they find a mentor if possible. Courtois (1992), writing after being in full-time private practice for seven years (and part time for ten years), reported regularly questioning her competence and knowledge base and sometimes feeling overburdened by the caseload and by business and professional issues. The experiences of four graduates of Creighton University who have recently started their own private practices in counseling are recounted in an interview format. The Counseling Program at Creighton recommends that graduates obtain several years of supervised counseling practice and continuing education before opening a private practice. This article does not reflect advocacy of private practice over agency or school work but rather presents a picture of advantages and disadvantages. The interviews follow.

Elementary School Background

Jeannie taught elementary school for twelve years. Then she was employed as a school counselor for four years. She took a leave of absence in 1992.

L. Tell me about the process of making the decision which lead to private practice.

J. I wanted to follow my heart. Both my children were moving out on their own, which made risk taking feasible. I thought back over my working life and a highlight was when I was doing day care in my home and I was my own boss. I followed my own schedule and my own way of doing things and I loved it.

L. What financial strategies did you use? Did you save up money?

J. Yes, I did. I had a nestegg set aside before I quit. And a friend needed a place to stay so I rented out part of my house to her. Another strategy is that I am signed up with a temporary office help agency and for substitute teaching.

L. So was the major reason to move to private practice the freedom of owning your own time?

J. Yes and also a sense of mission. I feel very strongly about sharing information about Seasonal Affective Disorder (SAD). There was such a need for someone in the community experienced with SAD: how to diagnose it, how to treat it, how to have light therapy available, and how to monitor that therapy. I have that experience and knowledge.

L. What is Seasonal Affective Disorder?

J. SAD is a consecutive pattern of fall-winter depressions which are triggered by decreased daylight. Ten years of research with special bright light therapy has shown it to be a very effective treatment when properly diagnosed and monitored. Light therapy often reduces severe depression symptoms by over 70%.

L. What else are you doing?

J. Working with inner child issues and with adults molested as children. I've had very positive experiences facilitating emergence of childhood memories and helping people express their pain and anger and move through it. I use Gestalt techniques, visual imaging, and sometimes expressive art and movement techniques.

L. Can you recall the first three months of private practice and tell me what that was like?

J. Initially, I was working with partners manufacturing light units, which proved to be technologically and financially not feasible. At the same time I was laying groundwork: researching the professional literature on SAD, writing articles, making contacts with counselors and agencies, and preparing informational presentations.

J. I discovered that working out of my home didn't work very well. The telephone was constantly ringing because now friends knew that I was home during the day. So I set up an office in a friend's apartment to help structure my time and help me set boundaries. Then I have also discovered that I have to balance time with people and time alone. I began meeting weekly with others who are starting their own practices. The support, structure, and creative brainstorming that provides are essential. I plan to take the national examination for National Counselor Certification and a study group will be important.

L. What has been the most difficult part about going into private practice?

J. The faith that is needed to believe that it will work out when money isn't coming in. Even though I was mentally prepared, the lean times were scary. This is where my friends have been incredible. I believed I was on the right path; they believed I was on the right path. I never once had a friend criticize. Well, actually, I had one friend who worried and he promised to feed me anytime I needed it.

L. What other difficulties have you experienced?

J. Third party payments are a real drawback to being in private practice. I am in contact with a psychiatrist to do evaluations for my clients. Certain insurance companies need a psychiatrist to do a faceto-face evaluation before they pay for therapy. Getting clients to pay, after service, has already been a problem. Being able to consult with a supervisor about some of these issues is very important. Some counselors in private practice allow themselves to work ten to twelve hours a day. A trap of self employment is that I could work all the time. My goal is to balance my life.

L. You mean keep time for solitude and friends, for spiritual work?

J. Play, pray, and work. And the neat thing is that I really like almost everything that I am doing. I am choosing. No one told me I had to do any of this.

L. Do you find any ways in which being an ENFP has impacted on your private practice?

J. One of the most valuable outreach ideas I had was to decide to do a study of the prevalence of SAD in this area. That idea came to me as an intuition. I follow my intuition. I love meeting people. I have more ideas than I can implement. I am sure my time management struggles reflect my type, also.

L. What do you see for the future?

J. I don't know how long I will want to do what I am doing now. I don't worry if this work will last. Five years from now I may be lead to do something entirely different. There's been fear at times, there's been frustration at times, and yet I don't think I have ever been happier.

The question about Myers Briggs type was asked to elicit how or if type influenced the beginning of an enterprise. The Myers Briggs Type Indicator (Myers & McCaulley, 1985), developed by a mother-daughter team, based on the theoretical work of Carl Jung, encompasses dimensions of (1) where you focus your attention (Extrovert versus Introvert), (2) what kind of data you believe and rely on (Sensing versus Intuition), (3) how you make decisions (Thinking versus Feeling), and (4) how structured and organized you expect yourself and the world to be versus how spontaneous (Judging versus Perceiving). Some expectations or hypotheses follow: that Extrovert persons would have an easier time promoting themselves and selling their ideas to others; that Judging persons would be more organized and planful and that Perceivers would take the attitude of waiting to see what happens. There were no clear expectations about the middle two functions: Sensing versus Intuition and Thinking versus Feeling. Interviewees were asked if they thought their type influenced their behavior; readers can also scrutinize the interviews for what is said and how it is said for implications of type. The second interview follows.

Insurance Background

Dorothy worked in the insurance industry before she enrolled in the counseling program. She graduated in December, 1990, and started her practice.

L. Tell me about the process of making the decision which lead to private practice.

D. I graduated in December, 1990, and then filed applications with various agencies and health institutions but did not find a job. I applied only where I thought I might do bereavement and related counseling. Then a counselor friend suggested that I do some counseling through my church, which I arranged with the help and encouragement of the minister. I did consult with former teachers and with friends who were counselors to gain a better understanding of the pros and cons of this choice.

L. What attracted you to private practice?

D. Being able to use the skills I'd learned in the counseling program. I found a supervisor who was willing to consult with me on cases. I plan to take the national examination for NCC in the fall.

L. What financial strategies did you use to make it possible?

D. I filed for early social security benefits and used some savings. My financial situation has been eased recently by my working in a part time counseling job at night.

L. What do you consider to be your specialties?

D. I've had a strong feeling for ten years that I wanted to work with people with life-threatening illnesses and with grief issues. I took workshops while still living in Los Angeles which were on this topic. Since then I have participated in three four-day workshops with Dr. Carl Simonton and with Dr. Lernie Siegel on counseling patients with lifethreatening illness. The past two years I have been a Hospice volunteer with the Visiting Nurses Association. I also have had the opportunity to co-facilitate the class, Counseling Significant Losses, at Creighton for three semesters.

L. Can you recall the first three months of private practice and tell me what that was like?

D. For the first time in many years I was in a completely unstructured situation and I found it to be close to chaos. My first career was in the insurance industry which is both structured and patriarchal, so I was faced with developing my own structure. Learning how took longer than anticipated. There were times when I doubted my own abilities and wondered about the decision to start a private practice. Support from friends was very valuable during this period.

L. What would you say were the significant learnings?

D. I learned that having some structure in my life is needed and that I am capable of doing more than I ever thought possible, in a sense, being part of the creative process. I learned that I could be an effective counselor. My experiences as a client five years earlier in Los Angeles and then again with a local counselor helped not only with a childhood issue, but also in understanding how I came to be the person that I am. Having been a client contributed significantly to my being more effective with clients.

L. What allowed you to continue?

D. Support from my supervisor and from my friends, many of them are in the counseling field. My friends were there for me. Also, networking has been a valuable, growth-producing experience and has led to new friends.

L. What have you done to attract clients?

D. Not enough. Hindsight tells me that there are other avenues I could have explored earlier in the process to expand my client base, such as advertising in more varied ways. I recognize that a practice can take a long time to develop and grow.

L. Do you see any way in which your Myers Briggs type influenced how you started and worked in your practice?

D. I am an INFP and there seems to be a strong tendency in this type not to do very much self promotion but to hold back, waiting for something to happen. Being introverted can be a disadvantage in trying to promote yourself in comparison to someone who is extroverted.

L. What are the difficulties you have encountered?

D. One of the difficulties is not having immediate or daily feedback and support from a supervisor, even though I do get feedback from my supervisor on a weekly basis or when I call. Another difficulty is not being in a position to receive third party payments.

L. Do you save some time for a personal life?

D. I maintain a balance, which means allowing time for self-renewal, workshops, friends, and spiritual growth.

L. Looking back, would you make the same decision again?

D. I feel very comfortable on this path and have no regrets about being in this situation, even though at times it has been a very difficult learning process for me; I've been learning about myself as well as the counseling field.

Law Enforcement Background

Elaine worked for seventeen years in Council Bluffs as a law enforcement officer and security guard. She completed her bachelors degree and masters degree in counseling in six years and opened her own individual counseling office immediately.

L. Tell me about the process of making the decision which lead to private practice.

E. I looked at a number of factors. I expected age discrimination which would work against me. I was unwilling to move to a new city by myself although I thought there would be greater opportunity in larger urban areas. Then in my internships in agencies, I encountered politics and power hierarchies which were similar to what I experienced in law enforcement. I thought that in an agency I could possibly be constrained from using my own wide variety of therapeutic approaches.

L. So age discrimination, politics, and possible constraints on you as a counselor were negative to joining an agency.

E. On the positive side of private practice, I can maintain my spontaneity and use my broad background in law enforcement to help my clients.

L. What financial strategies did you use to make this beginning feasible?

E. I investigated renting my house but instead secured a $10,000 line of credit with my local bank in Council Bluffs with my house as security. I furnished the offices very gradually; I did not make a big outlay at the beginning. I was my own secretary, telephone and reception person and promoter for over a year. In January, 1992, I started teaching part time for the local community college and have continued to teach several different courses for them. I secured a contract with the State Department of Human Services about a year after I opened my practice.

L. What do you regard as your specialties?

E. Adolescents are my favorite-age people. They can be so irrational and also can be so straightforward and honest. I don't give up on them; I stick with them no matter how badly they behave. We have some lively confrontations. I see many adolescents who are labeled delinquent by the court or who are on the path of delinquency.

I can uniquely help people who are entangled in the legal system, either as a victim of a crime, or as a perpetrator, or as parents of either one. For example, I see sex offenders and criminal offenders. Some offenders who are found guilty are placed on pre-sentencing probation status for years. They are told they must accomplish a number of things: go to counseling, attend a group, hold a job, and pay their bills.

I see many adult men and women who feel like victims because of what has happened in their earlier lives. They feel helpless and hopeless. I help empower them. I help them realize they are responsible for their behavior and the consequences and that they do have choices in what they do. I nurture them and encourage them.

L. Can you recall the first three months of private practice and tell me what that was like?

E. Well, I graduated in May, 1991, and started my practice in August. First, I touched base with friends and professional contacts in Council Bluffs to get feedback on the idea of my going into private practice. Once I made the decision, I looked for an ideal office. I wanted an office which would keep clients anonymous, allow them to be safe going out at night. I wanted the right sizes of offices, affordable and expandable. I was mentored by another woman who had just gone through this process of starting a private practice. She was enormously helpful. I arranged for supervision.

In the first three months, I also wrote letters to the clubs and organizations listed with the Chamber of Commerce, offering myself as a speaker. I wrote letters to day care facilities and to ministers and was invited to speak to the Bar Association. I announced myself as a counselor to old friends and new acquaintances.

L. How have you attracted clients?

E. What really has built my business is referrals from my clients. My client referral is phenomenal. Former clients refer members of their families and their friends. I have gained visibility from giving talks and teaching. Of course, I know many of the judges, attorneys, police and probation officers from my seventeen years in law enforcement.

L. Can you see ways in which your Myers Briggs type has influenced you?

E. I am primarily a cognitive therapist, which fits with my being an ENTP on the Myers Briggs Type Indicator. I decide at the moment what strategies fit each client's needs. I don't have any problem with getting organized.

E. Something I have seen, at the end of therapy, is that my clients increase their incomes. As they develop their own power and responsibility, they have asked for raises or secured better jobs.

L. Do you keep time for a personal life or do you work, work, work?

E. To get this private practice going has taken enormous amounts of time. Most crises do not happen between 8:00 and 5:00. I think the success of my business is that I do have evening and Saturday appointments and I am available on Sunday in emergencies. I give out my home phone number for emergency use.

L. What about a personal life?

E. The down side of being available is that I am working ten to twelve hour days. I take off two to four days at a time to go see my children. I have to monitor my own stress level and make sure I am taking care of myself. About the only additional thing I need to be doing is to exercise every day to balance the sedentary nature of counseling.

L. What do you see for the future?

E. I plan to take one day at a time and see what happens.

Business Background

Kathy graduated with her master's in counseling in December, 1992, and joined an existing counseling office in Council Bluffs in January, 1993. She had worked for an Omaha business for fifteen years.

L. Can you tell me about the process of making the decision to go into private practice?

K. I made one of those charts of advantages and disadvantages of each alternative. I knew, after working for a corporation for fifteen years, that going to work in an agency would be more of the same experience. You would have to follow the agency's schedule and carry out their policies; you might even have to counsel by their theories. I didn't want any more politics or bureaucracy. The greatest advantage is being able to set my own work schedule and set my own appointments. Also, I work harder when it is up to me how much money I make.

L. What were your financial strategies to make private practice possible?

K. My strategy has been to keep a part-time job with my former employer as a way of securing definite amounts of income. Another consideration in making this kind of decision is where are you going to get the fringe benefits that you need, like medical insurance. You have to research all the possibilities and take those costs into account in your planning.

L. Do you have a passion about what you are doing?

K. My greatest reason for wanting to have my own private practice is that I have a passion to help parents of disabled children. Having disabled children of my own and being active as an advocate for parents for nine years before I started the masters degree program have given me a depth of experience and resources which I am eager to share. The need out there for help among parents of these children is tremendous.

L. You consider that this area is your specialty then?

K. I started as a specialist in Attention Deficit Disorder and Attention Deficit Hyperactive Disorder. Now I am broadening my efforts to include parents of all special needs children. Of course, I see clients with all kinds of problems.

L. What has characterized the first three months?

K. Joining an existing private practice office made the startup much easier. My colleagues were welcoming and the offices were already there. The benefits of having two colleagues are tremendous. We give each other moral support as well as providing each other with a sounding board for counseling strategies and decisions. I am being supervised by a National Certified Counselor and will take the National Board of Certified Counselors examination in the fall.

L. What have you learned so far?

K. I have experienced active rejection from a client and I have learned a lot from that. In this business you can't take it personally. Also, I have set boundaries with some clients. Sometimes I have to set out conditions which clients have to meet for me to continue to see them.

L. What helps you keep going?

K. I'm taking another class at Creighton, Counseling Women, which is very stimulating. My husband has been supportive of me throughout this whole time. I don't think I'd have been able to finish the degree or start the private practice without his support. He wants to see me have my dream.

L. What would you say about counseling outcomes you have seen?

K. Giving parents some ideas of what to do and some feelings of confidence can dramatically help them. I tell them I know what their pain is and I do. They experience relief from some of the stress, from finding someone who will walk with them through some of the problems. On the other hand, sometimes it is hard to get people to commit to coming in as regularly as they need to do, in order to make progress.

L. Can you see any influence of your Myers Briggs type?

K. I am ISFJ. The F means that I am very sensitive to other people's feelings which helps in establishing rapport. They trust me. On the other hand, I think being Feeling contributes to my difficulties in collecting fees. The J part means I like to be organized. I make a schedule and keep to it but I am flexible.

L. What have you done to gain visibility and find clients?

K. I have contacted the school counselors' group in Council Bluffs and maintain good connections with various counselors there. I have tried to get the word out about my specialization to other counselors in Omaha and Council Bluffs. I have been on a state-wide commission for Iowa to investigate, discuss, and make recommendations about special needs children and have met many good people through these meetings.

I am starting a support group for parents of disabled children in CB; I will be a resource for them. Word of mouth from people who know me seems to be the best way for others to hear of me.

L. What have been the greatest hazards or difficulties so far?

K. The difficulties I have encountered have to do with money. Not making enough money to support myself is the greatest difficulty. I knew that it might be a year or two before I support myself. How to establish a fee schedule has been a problem. Clients tell me they can't pay and yet they say they are desperate for help. I have a dilemma then on what to do. Also collecting what is owed has been a problem.

L. Do you save some free time for yourself?

K. Yes I do and I choose just how I will spend my time. If a parent group from a small town in Iowa calls up and asks me to come to one of their meetings, I can choose to go without consulting anyone.

L. What do you see for the future?

K. I get such a satisfaction out of helping my clients with the whole range of problems that they bring in. I wouldn't give up this work with parents for anything. Helping them confirms for me that I am right to be where I am, doing what I am doing.

Contrast with an Experienced Practitioner

An experienced professional in private practice was interviewed. Judy prepared as a teacher of literature. She stayed home for several years and then went back to school for the masters in counseling at UNO. She worked for an Omaha counseling agency before going into private practice.

L. Tell me about making the decision to go into private practice.

Ju. That was always my goal. Maybe that was because I had had a therapist who was in private practice.

L. What attracted you to private practice?

Ju. The paperwork an bureaucracy within agencies, particularly if there are any contracts with the government, pushed me away from agency work.

L. What are the advantages to private practice?

Ju. I just like the independence, not answering to anyone. Your success or failure depends on you. You get rewards for being successful. Everything depends on you.

L. What financial strategies did you use at the beginning?

Ju. I kept a part-time job for several years while I built up my referral sources. My part-time job provided me with medical insurance and other benefits.

L. What specialties did you have when you first started?

Ju. I didn't have any. It was hard to come up with a specialty and that made it harder to develop a client base. I didn't have a broad enough network of people who would refer to me.

L. What were the first three months of private practice like?

Ju. The biggest change was the loss of peers. I had had daily contact with colleagues at the agency and suddenly I didn't have anyone to talk with on a daily basis about counseling. Also I had great concerns about finances.

L. What did you do to attract clients?

Ju. Nothing. Well, I did accept invitations to teach a class or to talk. Initially, I did no outreach. Now my partners and I contact school counselors and Employee Assistance Programs. We accept invitations and make a deliberate effort to become more well known.

L. What were the difficulties?

Ju. Now that I have fifteen years' experience as a counselor, I finally am starting to feel like I know what I'm doing; I don't have anxiety doing a new intake. There were lots of times in the early private practice when I said to myself, "If I could think of any other way to make a living, I wouldn't continue this work. I felt that I was a thief for taking peoples' money for therapy; I felt like a failure some of the time. Fortunately, now all that is behind me.

L. Do you see any ways in which your type on the Myers Briggs influenced how you started your private practice?

Ju. Well, I am an E/I NFP. I think that being a Perceiver is very helpful to a therapist. I do make plans and follow through to reach a goal. However, I don't get upset when my plans are thwarted. For example, clients call to cancel and reschedule. I think being a Perceiver means being continually willing to be responsive to whatever happens.

L. Do you save some time for a personal life?

Ju. I set definite office hours and keep to my schedule. I don't come in at all on one morning a week. On three days a week, I plan to be home by 3:00 because my eight year old comes home from school then.

L. What do you see for the future?

Ju. I am integrating innovative ideas into my practice with clients. I continue to get excited about new approaches, particularly adding spiritual aspects with clients for whom that seems appropriate.

Summary

The disadvantages or hazards of starting a private practice seem to be the emotional and financial insecurities. Of the five women interviewed and the two authors cited, one man and one woman, all acknowledged raising questions about their competence. The one male, Buckner, highlighted the struggle to become licensed and the need for information. (His Myers Briggs type was unavailable.) Role conflict and overload did not clearly come up in the interviews. Financial concerns were mentioned in all five interviews.

The advantages seem to be, according to these sources, the freedom to work on your mission in life and the independence to make your own decisions about how and when to work. Based on the literature review and the interviews, several recommendations for persons starting a private practice emerge:

1. You must have a professional plan, in which you arrange for professional liability insurance, supervision for certification, and a network of professional liaison and referral. Each of the new professionals interviewed have maintained their liability insurance from American Counseling Association and have arranged supervision.
2. You must have a financial plan, which will enable your support for at least a year and possibly more, separate from whatever income is generated in the practice. Keeping initial expenses to a minimum helps.
3. You must have a business plan, which includes both office arrangements and upkeep as well as marketing and promotion. Having specialties, which make you unique among counselors, contributes to a more immediate success, than being a generalist. A specialty is what is known as identifying your market niche in business.
4. You must have a personal support network, friends who can see you through the moments where you are questioning your own competence, judgment, and sanity in making this decision.

It is hoped that this article could be helpful to students, new professionals and early professionals as they contemplate private practice. Also this information might aid senior-level professionals to advise and mentor new colleagues in private practice settings. There definately are developmental stages and stage-related problems when entering private practice. Clearly, going into private practice as a new professional is an individual decision, with certain difficulties and exhilerations.

Know then thyself, presume not
God to scan; The proper study
of mankind is man.

— Alexander Pope —

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GUIDELINES FOR AUTHORS

The Nebraska Counselor is a professional, refereed journal dedicated to the study and development of the counseling profession. The Editor invites articles which address the interests of counselors in school, college, and agency settings and which deal with current professional issues, theory, scientific research, and innovative programs and practices.

Generally, authors may expect a decision regarding a manuscript within 2 months of acknowledgement of receipt. Following are guidelines for developing and submitting a manuscript.

Specific Requirements

1. Manuscripts should not exceed 20 pages.
2. Manuscripts should be high quality printer, double-spaced (including references and extensive quotations) on 8 1/2"x 11" nontranslucent white bond with 1 1/2" margins on all sides.
3. The title page should include two elements: title, and author and affiliation. Identify the title page with a running head and the number 1 printed in the upper right hand corner of the page.
4. Begin the abstract on a new page, and identify the abstract page with the running head and the number 2 printed in the upper right-hand corner of the page. The abstract should be approximately 125 words.
5. Begin the text on the new page and identify the first text page with a running head and the number 3 printed in the upper right-hand corner of the page. Print the title of the text centered at the top of the page, double-spaced, and then print the text. Each following page of text should carry the running head and page number.
6. Reference style should be that of the ***American Psychological Association's Publication Manual*** (1983), Third Edition.
7. Authors should avoid the use of the generic masculine pronouns and other sexist terminology. See "Gender Equity Guidelines" available from the American Counseling Association (ACA).
8. Manuscripts will be selected on the basis of a blind review. Two or three months should be allowed between acknowledgment of receipt of a manuscript and notification of its disposion. All manuscripts become the property of the ***Nebraska Counselor*** and will not be considered if currently under consideration by other publications.
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ATTITUDE NOT APTITUDE DETERMINES ALTITUDE

Attitude. We've all got one. But what you make of it is up to you. So put yourself in the winner's circle with an attitude that says, "I'm a winner."

When Jimmy Jones got his first job at the local "Burger Barn" at age 17, his attitude was, well, lacking. He had an "I don't care attitude." All he wanted was to have money in his pocket. His feeling started to change when people began giving him compliments for the work he did do well. "I began to realize that the people I worked with were nice people, and I didn't want to disappoint them or let them down", Jimmy said.

Like Jimmy, you need to discover that attitude counts. In fact, a great attitude is the number one quality employers look for when interviewing high school students or recent graduates. They know you don't have much experience and in most cases the job you are applying for does not require an "Einstein Brain" so they look for attitude and how you project yourself, as you will be representing their company. To get a job your attitude is your best selling point. Show you have a good attitude when you fill out the job application. Show that you have a **GREAT ATTITUDE** when you are interviewed. A good attitude not only sets you apart when you are interviewing for a job, it also makes you stand out among your coworkers once you've landed the job.

In talking with employers, personnel managers, and successful employees I have found there are seven things that lets your outstanding attitude show. They are:

PUT IN A FULL DAYS WORK. Employers expect a full day's work for a full day's pay. They want you to show up on time ready to go to work and work at what you were hired to do. Almost without exception, employers have told me that the quickest way to get fired is to violate this rule.

DRESS THE PART. Every company or organization has a public image to uphold. Dress to fit in with the environment you are working in. That shows you are a team player, and people can count on you. Watch what the boss and your coworkers wear. Take your clues from them. ***THIS INCLUDES HAIR STYLE AS WELL AS DRESS***.

KEEP CRITICISM TO YOURSELF. If there is one thing management doesn't want to hear is a new employee criticizing their operation. That doesn't mean you shouldn't make suggestions to improve what you are doing. You should, but make sure the suggestion will benefit your employer as well as you.

DON'T TAKE IT PERSONALLY. When you are a new employee, you will probably be told many things to do and not to do. You will make mistakes and someone will correct you. This is constructive criticism and they are trying to help you so except their criticism and ask how can you do better next time.

GET ALONG WITH COWORKERS. Not only does getting along with your coworkers make time go faster, but it also is important for another reason. If you can't get along with your coworkers, you probably will be the one who gets fired. Companies want team players and if you are not, you go.

SHOW YOUR ENTHUSIASM. Employers know that enthusiasm is contagious. An employee's good attitude rubs off on others. An employee, who looks for something to do all the time, motivates others to do the same. Employers look at these people for the ones they want to promote or give raises to.

BE A VOLUNTEER. When there is a job that no one wants to do, volunteer. Employers notice this and it is a great way to show that you have the attutude that you will do whatever it takes to get the job done. Attitude, Attitude, it's your key to a ***SUCCESSFUL FUTURE***.

Written by:

Al Gusner, Counselor

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A NOTE FROM YOUR EDITOR:

The counseling profession is alive and active, witness the writing productions of our peers. I appreciate their efforts, without them we would not have a journal. These writings are more than just making a journal, they are important methods of sharing and caring. Give away what you have learned and what you have become. Write an article and submit it!

Of special note: Nebraska counselor publications, i.e., our journal and newsletter were ranked #2 in the nation last spring at the ACA convention in Atlanta. We write well!

And now for the musing of your editor as to the articles included in this issue. I want to share about the value offered in each article, hopefully you find that and more.

Who can escape family? What an influence! The article, "Basic Tools for Marriage Counselors: The Twelve C's of Successful Marriage" give some practical experience. You will notice this article includes personal pronouns and active tense which are not often accepted as proper for publication. Your editor was not raised that way. The author had to persuade me that these 12 C's were her own subjective conclusions and not the result of formal scientific research. In that light, I have made an exception to the usual rules and I would appreciate your feedback. Maybe our journal is not so formal that we cannot include some personally formulated subjective conclusions as to what we do. I want to give you what you prefer.

Who can escape stress? What does it do to our self-esteem? Counselors face a great deal of stress in their career. What do you do with your stress? Please read, Self-esteem: The Missing Piece in Stress." An important ingredient in being able to persevere as a counselor is presented here.

Who has not faced dealing with the chronically ill? How should the counselor involve themselves? Can we cope with it in our own family? Your editor practices what he says, writing gives us a chance to clarify our own thinking and produce something outside of ourselves. I need this too! After consulting with a couple of other editors they said there was nothing wrong with submitting to your own journal as long as you send it through the same blind review process. Therefore, I sent the article to a couple of my most thorough reviewing editors and they tore it up. Could have quit! What do I tell you, rewrite it; what do I tell myself, (clenched jaw) rewrite it. I rewrote it, twice, and it still has flaws. Systems dynamics affect us all particularly when a flaw shows up in our system and refuses to go away. Some of you could have done this better but you have yet to submit it to me.

Who has not faced multicultural issues? Maybe our awareness is too shallow to allow us enough insight for understanding and acceptance of our differences? Dickel does it again in "Eric Erikson: The Nebraska-South Dakota Connection." Sioux tribes are found along much of our northern border and many Sioux live in Nebraska. Franklin, we have some misunderstandings that could use awareness. Let this article add to your awareness.

What are our relaxation techniques? How do we use it in therapy? Learn more about the effectiveness of certain relaxation techniques in, "Relaxation Techniques In Clinical Situations: Direct Therapy Applications."

Loren H. Froehlich

ROLE OF THE EMPLOYMENT COUNSELOR APPENDIX H
American Counseling Associaton

Submitted for reprinting by
Olle Ahlquist
Nebraska Job Service, Lincoln, Nebraska

An association consisting of and representing professional counselors must address itself to basic issues within the profession. The issue of counselor rules in a given setting depends on a mutual interpretation between the employer and the counselor. In the past, counseling in the employment service has been subject to varied interpretation by federal, state, and local officials.

President Odell of NECA appointed a committee to write a position paper on the role of the employment counselor. The committee members were Anthony Fantaci (Chairman), Robert Philbrick, Dean Call and David Meyer. The committee has completed its work and the following position paper has been officially adopted by action of the NECA Board of Trustees. — Alan Horwitz

RATIONALE FOR EMPLOYMENT COUNSELING

As with counselors in other work settings, the employment counselor is a member of the counseling profession, differing from other members only in terms of the work setting and the nature of the problems presented by the clientele served. The employment counselor generally assists persons who are faced with an immediate problem related to employment, usually involving job choice, job change, or job adjustment. Since counselee's come to the employment counselor's attention as a result of applying for a job, they are often referred to as "applicants". In providing the needed assistance the employment counselor considers factors both within and outside the counselee, such as psychological, physical, and socioeconomic factors that bear on the counselee's current status and that may have some effect on his or her future. Thus the employment counselor is concerned with the individual's potential and actual strengths and weaknesses, and with helping the counselee to understand the physical, mental, and emotional growth processes to use human service facilities and job opportunities for the benefit of the counselee.

The employment counselor believes that each person should have equal opportunity to develop and use individual talents for the betterment of self and the community, and that this is a developmental, life-long process in which any number of institutions and other individuals, including the employment counselor, may play significant roles.

The employment counselor believes that work represents a meaningful expression of the individual's self-concept and values, and that individuals have the capacity to change, to grow, and the make intelligent decisions. However, the increasing complexity of the industrialized work world, constantly evolving through technological change, makes it increasingly difficult for the individual, without assistance, to make decisions regarding the choice of an occupation and preparation for it. Through the counseling process, the counselee is helped to achieve better understanding of self and of the occupational world, and to relate individual interests and talents to the demands of various occupational outlets. Thus employment counseling is an important element of the total spectrum of manpower services. For those in need of this service, it becomes an integral component of the placement process and a prerequisite to suitable job placement. Throughout the employment counseling process, the belief in freedom of choice is basic.

The employment counselor believes that there are situations in which active intervention by the counselor, or client advocacy, is an essential additional component of effective counseling. When successful individual adjustment is obstructed by environmental factors, and when the counselee is unable to effect needed change, the counselor has an obligation to act on the counselee's behalf, within the limits of applicable law, regulation, and policy.

DEFINITION OF EMPLOYMENT COUNSELING

Employment Counseling is the process whereby an employment counselor and counselee work together in order that the latter may gain better self-understanding and knowledge of the world of work and more realistically choose, change, or adjust to a vocation. The employment counselor will usually:

1. Assist an inexperienced person who has not made a satisfactory vocational choice to review and evaluate present and potential qualifications and relate them to occupational requirements so that the counselee may select an appropriate occupation, education, or training, and develop a realistic vocational plan;
2. Provide or help obtain needed employability services to prepare counselee's for entry into the world of work. This employability service may include in-depth counseling; referral to further education, training, or medical assistance; and, often, simple orientation to the world of work.
3. Assist an experienced worker who wishes to or must make an occupational change to explore possible alternative fields of work, choose a more suitable occupation, and develop a plan to make the change to appropriate employment;
4. Assist a worker who has encountered barriers to entering, holding, or progressing on a

job to discover, analyze, and understand the vocational and personal problems involved and make and carry out the necessary plans for adjustment.

This assistance is provided so that the counselee is helped to (a) recognize the problems involved, (b) make effective, satisfying decisions, and (c) select an appropriate kind of work or developmental task. In helping a counselee gain better understanding or self in relation to the world of work, the counselor may use both individual and group counseling methods and techniques.

PROFESSIONAL RESPONSIBILITIES

The Counselor's Responsibility to the Applicant

In a counseling relationship, the employment counselor:

- Demonstrates respect for the worth, individuality, and dignity of the counselee, creating a climate that is conducive to counseling.
- Attempts to reach a common understanding with the counselee regarding the nature of the employment counseling problem.
- Clearly indicates the conditions under which counseling is provided, including the confidential nature of information received during the counseling interview.
- Adopts a flexible approach to assessment, using only those measures that are valid for the counselee.
- Interprets test results in a way that does not impair the counselee's freedom of choice.
- Helps the counselee in self-evaluation, self-understanding, and self-direction, thus developing the counselee's decision-making ability regarding appropriate occupational goals and plans.
- Informs the counselee concerning occupations, including traits and abilities needed, training requirements, and occupational trends.
- Assists the counselee in understanding the economic changes that have taken place and are taking place and their relevance to choosing, preparing for, or finding employment in a suitable occupational field.
- Assists the counselee to develop an employment plan that reflects the counselee's own judgement concerning potentialities, interests, values, and other pertinent factors as related to the demands and rewards of appropriate career field and occupations.
- Treats vocational choice not as a terminal point but as a developmental process that may require change in the future.
- Assumes the role of advocate as necessary and intervenes on the counselee's behalf with individuals and/or community agencies or institutions, as appropriate.
- Helps the counselee understand the environment and social structure of an office, plant, or other employment setting in which he or she is placed.

- o Follows through on the agreed-on occupational plan, providing referral and placement assistance as necessary until job adjustment is achieved.
- o Provides assistance within the bounds of professional expertise; refers the counselee to other professionals when other assistance is required.
- o Accepts the responsibility for analyzing the effects of counselling on the counselee and working to achieve more positive effects when needed.

The Counselor' Responsibility to the Employing Agency

Among organizations or agencies in which the employment counselor may operate are public employment services, other government agencies, private profit or nonprofit agencies, industry, vocational and technical schools, colleges, and universities. Each of these organizations or agencies has basic objectives and policies and procedures to meet these objectives that may affect or modify the role or operation of the employment counselor. To ensure maximal professional effectiveness, the employment counselor should do the following things.

- o Promote a clear understanding among fellow employees of the role of employment counseling in achieving the objectives of the organization.
- o Work with fellow employees to accomplish the goals of the organization.
- o Work cooperatively with fellow employees in assisting applicants requiring agency services in addition to counseling.
- o Attempt to resolve conflicts, if any, between organization policy and the counseling program.
- o Participate in the planning, development, and evaluation of the counseling program.
- o Promote and implement a continuing inservice and outservice training program for counselors.
- o Promote training in interpersonal and communication skills among other staff members and maximum participation in services such as identifying counseling need, obtaining information, and so forth.

The Counselor's Responsibility to the community

The employment counselor has a professional responsibility to see that other agencies whose clients may need employment counseling are aware of the services the employing agency providers. The employment counselor has an equal responsibility for knowing what services (under what conditions) other agencies can provide for those counselee's who might possibly need such services. Where adequate directories of community agencies do not exist, the employment counselor has a responsibility to promote or facilitate the development of such directories. When the needed services themselves are not available, the employment counselor is responsible for bringing this lack to the attention of those individuals or organizations that are in a position to do something about it.

The Counselor' Responsibility to the Counseling Profession

The employment counselor has a responsibility to the profession as well as to counselee's, the employing organization, and the community. Included in this overall responsibility are specific responsibilities for:

- Understanding of self and of the effects of the counselor's personal qualities and actions on counseling relationships.
- Awareness of personal competencies.
- Promote a clear understanding among fellow employees of the role of employment counseling in achieving the objectives of the organization.
- Work with fellow employees to accomplish the goals of the organization.
- Work cooperatively with fellow employees in assisting applicants requiring agency services in addition to counseling.
- Attempt to resolve conflicts, if any, between organization policy and the counseling program.
- Participate in the planning, development, and evaluation of the counseling program.
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The Counselor' Responsibility to the Counseling Profession

The employment counselor has a responsibility to the profession as well as to counselees, the employing organization, and the community. Included in this overall responsibility are specific responsibilities for:

- Understanding of self and of the effects of the counselor's personal qualities and actions on counseling relationships.
- Awareness of personal competencies and limitations, and willingness to refer a counselee to another agency or individual who can provide those services that the employment counselor cannot provide.
- Continuing self-development in areas related to employment counseling.
- Participation in professional association activities at the local, state, and national levels.
- Participation in appropriate operations research.
- Promotion of improved standards and conditions of employment within the employment counseling profession.
- Provision of meaningful and helpful information received in the counseling interview, revealing only that to which the counselee has consented, within the limits of applicable law, regulation, and policy.
- Adherence to the APGA code of ethics and the code of ethics for counseling within the employing agency.

EMPLOYMENT COUNSELOR COMPETENCIES

In order to carry out employment counseling responsibilities effectively, the employment counselor must develop the following basic competencies.

Relationship skills. The ability to establish a trusting, open, and useful relationship with each counselee, accurately interpreting feelings as well as verbal and nonverbal expressions, and conveying to the applicant this understanding and whatever pertinent information and assistance is needed.

Individual and group assessment skills. The ability to provide ongoing assessment in individual and group settings involving the appraisal and measurement of the counselee's needs, characteristics, potentialities, individual differences, and self appraisal.

Group counseling. The ability to apply basic principles of group dynamics and leadership roles in a continuous and meaningful manner to assist group members to understand their problems and take positive steps toward resolving them.

Development and use of career-related information. The ability to develop and use educational, occupational, and labor market information to assist counselees in making decisions and formulating occupational plans.

Occupational plan development and implementation. The ability to assist the counselee in developing and implementing a suitable employability plan that helps move the job seeker from current status through any needed employ ability improvement services, including training and related supportive services, into a suitable job.

Placement skills. The ability to ascertain and to communicate understanding of employers' personnel needs, to make effective job development contacts, and to assist the counselee in presentation of qualifications in relation to the employer's needs.

Community relations skills. The ability, based on extensive knowedge of the important service delivery systems in the community, to assist counselees in obtaining the services needed.

Workload management and intra-office relationships skills. The ability to coordinate the various aspects of the total counseling program in the employing agency, resulting in a continuous and meaningful sequence of services to counselees, agency staff, and the community.

Professional development skills. The ability, based on interest in furthering professional development, to engage in activities that promote such development individually and within the profession, and to demonstrate by example the standards and performance expected of a professional employment counselor.

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BASIC TOOLS FOR MARRIAGE COUNSELORS; TWELVE C's for SUCCESSSFUL MARRIAGE

Elaine Wells, M.S.
Certified Professional Counselor
Marriage: Magic & Maintenance

Abstract

Working with divorced, separated and distressed married persons for a decade has convinced me that several factors are necessary for successful marriages. Understanding these factors (concepts and skills) is a prerequisite for the marital therapist.

Since most counselors deal with marital therapy at least occasionally - whether or not they are adequately prepared for such a task - they need a set of basic tools in order to be effective. With such an abundance of material available, finding the most useful tools can seem overwhelming, especially for the novice in marital therapy.

This article elaborates on the following concepts and skills, and provides references for further study by therapists and clients.

1. Compatibility
2. Challenge
3. Courage
4. Commitment
5. Communication
6. Containment
7. Consulting
8. Conflict Resolution
9. Caring
10. Conscious Constitution
11. Compassion
12. Change

In my dual roles as marital counselor and marriage partner, I have learned some of the essential ingredients for successful marriage. Having found happiness in my second marriage (despite normal ups and downs) I concluded that **choosing the right partner** was one of the keys to success. I was motivated to write a book to help individuals assess themselves, and to determine the kind of mate they needed in order to have a chance for marital bliss.

Before writing that book, however, I read a newspaper article that set me off on a different track. The article reported the results of research indicating that **communication** was the single most important factor in marital success.

Now - after working with hundreds of couples at various points on the continuum from happiness to misery - I have deduced that approximately 12 factors must be present in order for couples to create and maintain a stable, satisfying relationship. The list is as follows:

1. **COMPATIBILITY** -This issue is particularly relevant for couples who are considering marriage or a committed relationship. DeAngelis (1992) explains what must be included in premarital exploration. ***Are You the One for Me*** is clearly written in a format that is easily read and comprehended by clients. It includes exercises and questions to ask potential partners, and a quiz that is simple to score. It also warns of "red flags, fatal flaws and time bombs" to help anyone who is looking for love to avoid the pitfalls of committing to the wrong partner. DeAngelis (9/92) also summarized the most important points in an article entitled "Are You Compatible?"

I recommend this book (or at least the article) for every high school student considering a relationship. It is the basis for my class "Consumers Guide to Dating and Mating," a course for singles of all ages. Middle-aged participants have said, "I wish I'd known all this 20 years ago."

2. **CHALLENGE** - M. Scott Peck (1978) started his best-selling book ***The Road Less Traveled*** with the straight-forward declaration: "Life is difficult." Perhaps we should prepare couples for marriage by telling them that **marriage is difficult** - not just for them, but for all couples - from time to time throughout the relationship. This "normalizes" their imperfect relationship, and encourages them to go on together, working to develop the following C's that are necessary for success.

According to Pittman (1989) there are 10 predictable crisis points in any life-long relationship, at which the couple must be able to negotiate new strategies in order to continue to grow. Knowing about these crises enables partners to "stay in the boat and keep paddling" as Hendrix (1988) urges, even when the emotional waters get rough.

Furthermore, Hendrix states that disillusionment with one's partner follows the Romantic Stage of any relationship more than 12-

36 months old. He elaborates on the frustrations of the Power Struggle Stage, as well as the joys of the True Love Stage. His philosophy of the purposes of marriage helps couples to see their difficult times as servants of personal development into wholeness and fulfillment.

A real-life example of the inevitable disillusionment with marriage was the following statement made by a client after several months of marital counseling. She agreed that she and her husband had made considerable progress. "But I'm just so disappointed [that my husband isn't who I thought he was, and that marriage is not what I expected]." I responded, "Join the club! Anyone who is married is disappointed to some degree in one area or another - but is that reason enough to give up the relationship?" This couple is still together at the time of this writing, and say that they are happier than ever.

Understanding the **typical sources of conflict in marriage** also helps couples to realize that many of their problems are not unique, and that they are likely to face similar challenges with virtually any partner. Among the common sources of conflict are the following:

a) Romantic myths and unrealistic expectations - These can be neutralized a bit by having clients read several common sense articles such as the following. Claire Berman (1991) author of **Adult Children of Divorce Speak Out** states, "I believe it is better for children to be raised by parents in a 'good enough' marriage than to end up with parents who are divorced." Nebraska's farm-wife comedienne Joan Burney (1993) insists, "The secret of a reasonably happy marriage is compromise and low expectations."

b) Male/female differences in values, perceptions and communication styles - Many new books shed light on the subject, but Lillian Glass (1992) includes aspects that are particularly relevant for couples in **He Says, She Says**, which is available in book form and audio cassettes.

c) Personality differences - Perceived liabilities can be translated into assets when partners take the Myers-Briggs Personality Inventory and recognize that many characteristics they had seen as weird or negative are actually neutral a even positive for the couple. **Please Understand Me**, by Keirsey & Bates (1984) provides a good introduction to the differences in type.

d) "Low moods" (which naturally occur in any person throughout a day, week, month a year) need not devastate a relationship if couples follow the advice of George Pransky (1990) in **Divorce Is Not the Answer**.

He suggests that one not act on the misperceptions and negative feelings that come along with low moods. Instead, wait until a more positive emotional state brings more realistic perceptions and more constructive approaches to mind.

3. **COURAGE** - Adlerian therapists urge clients to develop the attitude embodied in this motto: "I now have the courage to be imperfect." In other words, I realize that no person (including me) is perfect, and no relationship is perfect; therefore I choose to focus on the positive aspects, and to communicate my positive perceptions and feelings to my partner. Dinkmeyer & Carlson (1984) devote a chapter to the Adlerian concept of encouragement, and they place that chapter before communication and conflict resolution so that couples understand the importance of choosing a positive frame of reference as a foundation for the relationship.

4. **COMMITMENT** - This concept has a growing set of meanings as I continue to learn from clients what is essential for marriage. The most obvious definition is: the determination to **stick together through thick and thin**. I am convinced that COMMITMENT (internal or external) is the only thing that keeps marriages going during those times when partners can see only the negative evidence about each other; when they are hurt and discouraged about the possibility of change.

The second form of commitment is **fidelity** - not only sexual exclusivity - but also honesty and integrity with one's partner. Pittman (1989) makes it clear that a couple may set their own rules, but both partners must follow the agreed upon rules. If rules are broken, walls of distrust will be built between partners. Then only strict integrity and consistent follow-through with promises can break down those barriers and re-establish trust. Patricia Hudson and Bill O'Hanlon (1991) offer a class and tapes entitled Love Is a Verb which suggest specific ways to deal with broken trust or unsolved problems.

The third form of commitment is the **on-going resolve to learn how** to be a loving partner. Spouses must be convinced that happy marriage does not come naturally - but requires that partners learn skills and apply them regularly. **Marriage should be a continuing education project**. In his Getting the Love You Want workshop, Hendrix says that the Power Struggle Stage can be reduced from 230 years to just 3-7 years if couples read marriage books, go to workshops and retreats, and get counseling as needed in order to get through this stage and into the True Love Stage.

5. **COMMUNICATION** - In it's most basic form, communication means: a) listening for thorough understanding of one's partner, and b) expressing one's self as clearly as possible (and as often as necessary) in order to be understood.

It is important for both partners to develop assertiveness in asking for what they want or need. Women, who have traditionally been reinforced for passive behavior, may need more encouragement in this area. Old but useful resources include ***The New Assertive Woman***, by Bloom, Coburn & Pearlman (1975); ***The Dance of Anger*** by Lerner (1985); and ***Assertion Training Series*** tapes by Guerra, Cotler and Morgan-Cotler (1976). One of my male clients who had been verbally harassed by his wife learned to stand up for himself in a positive way as he listened to these audiotapes, which demonstrate assertion principles quite effectively with dialogues.

Since the most common complaint from women is that men don't express their feelings, it is critical for men to learn this skill, and a tiny text by Kundtz (1991) titled ***Men and Feelings*** is a perfect place to start.

The "awareness wheel" introduced by Miller, Nunnally and Wackman (1979) in ***Talking Together***, is an essential tool for learning how to separate the facts in a negative situation from one's own "private logic" **interpretations** about the facts. It also facilitates awareness of **feelings**, and **intentions** (wishes, needs, expectations), as well as possible alternative actions.

The most effective method I've found for teaching good communication is the PREVENTION AND RELATIONSHIP ENHANCEMENT PROGRAM (PREP), a 5-week series of 2-hour classes during which the couple learns concepts and practices skills under the supervision of a PREP-trained counselor. Longitudinal studies of couples who have taken PREP indicate that they experience significantly higher marital satisfaction, and a 50% lower divorce rate than similar couples who have not had the training. Counselors who wish to teach the course must receive special training, but the basics of this approach are detailed in ***A Couple's Guide to Communication*** (Gottman, 1976).

In ***The 7 Habits of Highly Effective People*** author Stephen Covey (1989) advises, "Strive first to understand, and then to be understood." Unfortunately, in most distressed couples each person strives first to make the partner understand and **agree**. If that doesn't work, couples who lack communication skills use control mechanisms ranging from abusive (e.g. physical violence, threats, yelling, cursing, etc.) to manipulative (e.g. laying on guilt, pouting, silence, depression).

One of the simplest and most effective tools to insure that the listener understands the intended message and that the speaker feels understood is **paraphrasing**. Some clients resist this technique at first because it seems tedious and repetitive, but soon they see enormous benefits from slowing down and making sure that communication is clear and complete.

5. **CONTAINMENT** - The most obvious indicator of marital distress is the "latched negative exchange" which leads to escalating negative emotions. It is commonly noted in the literature that abuse (verbal and/or physical) is regularly experienced in 20-50% of marriages. Therefore the first goal of therapy is damage control,

showing couples how to stop the flow of negativity that inflicts so much pain, and makes them so wary of further attempts to communicate.

Consequently, the therapist should not tolerate couples being abusive while they are in the counseling session. Instead begin by teaching them communication skills, and remind them to use those skills whenever they lapse into abusive patterns. Both individuals will be better prepared to work through misunderstandings or conflicts when they have learned to listen for understanding, and to express themselves openly and calmly, via the listener /speaker format presented in PREP.

Courses by both Markman and Hendrix advocate containment, and suggest that these skills be taught early in therapy if the couple is particularly distressed, or if negative communication patterns are intensifying the distress.

Several therapists, including Pransky (1990) and Gottman (1979), urge couples to limit and edit criticism until they can consistently communicate in constructive ways. Gottman has found, in his 20 years of marital research, that "Four Horsemen of the Apocalypse" must be eliminated: criticism, defensiveness, contempt and withdrawal.

Yet the majority of persons in committed relationships treat almost everyone better than they treat their intimate partner. My husband, having noticed this fact, says "I want to be treated like your best friend not like a husband." DeAngelis (1992) quotes Friedrich Nietzsche as having concluded, "It is not the lack of love - but the lack of friendship that makes unhappy marriages."

7. **CONSULTING** - Friendship and good communication entails consulting one's partner when decisions are to be made that will affect both individuals or other family members. Unfortunately, many spouses fail to consult each other, and the results are usually negative.

Some of the reasons for not consulting one's partner include 1) the lack of skills in assertiveness or negotiation, 2) the motive of control, and 3) the need for autonomy (many men interpret "having to ask" as being "henpecked"). Much marital distress could be avoided by discussing everything from matters as small as how to wash the dishes, to issues as important as how to discipline the children.

8. **CONFLICT RESOLUTION** - Effective problem solving is a process that begins with good communication and moves through brainstorming, negotiating, contracting and evaluating. PREP provides a simple but effective model of this process. Many people already use such procedures in business and academia, but fail to transfer them into their spousal relationship. Another clear set of guidelines is presented in ***Time for a Better Marriage*** (Dinkmeyer & Carlson, 1984).

9. **CARING** - Most individuals express their caring in the ways

that they themselves want to receive love. They are often hurt when their love is not well received, or when their lover does not return the kind of behavior that seems loving to them. Obviously, different personality types value different types of behavior, as do males and females. For example, some individuals have a strong need for physical affection, and may touch their spouse much more frequently than is comfortable for the spouse. The affectionate partner may feel very much unloved if the physical demonstrations are not well-received and reciprocated.

Another typical example is that women usually want to hear verbal expressions of love - while men are more inclined to express love in actions. Usually it is not lack of love that creates the problem, but lack of effective expression. Swihart (1979) explains several "languages of love" which help partners to consider the general ways in which each wants to be loved.

Learning what one's partner perceives as "love" is the first step to delivering the positive feelings that most spouses have for each other. I ask each partner to write on a 3x5 card 10 specific, easy-to-do behaviors that would feel like love (e.g. call me just to say "I'm thinking of you," send spring flowers to my office, etc.). Partners then exchange cards and keep them in their wallets for easy reference and frequent application.

10. **CREATING A CONSCIOUS CONSTITUTION** - This requires the couple to explore their individual expectations, needs and hidden agendas in the relationship; and then to reach some agreements about which goals they will work toward, and what rules they will implement in order to maintain harmony in day-to-day life. The clearer partners are about these elements, the more easily they can avoid unintentional wounds and conflicts.

The goal, according to Hendrix (1988), should be "consistent safety and warmth." He delineates steps for writing the couple's "relationship vision." It is also useful to ask the couple for written statements of the agreements that result from their conflict resolution and counseling sessions. Putting their conclusions in black and white clarifies them, provides documentation for future reference, and keeps the couple on track. My clients are also encouraged to keep a loose-leaf notebook with these documents separated into sections labeled: Our Agreements, Ground Rules for Communication and Conflict Resolution, Relationship Vision, Our Marriage Contract, etc.

11. **COMPASSION** - Both partners need to learn to see the wounded child in each other. This entails taking their spouse's relationship complaints, wishes and needs seriously; then taking action to remedy grievances - instead of negating, cross-complaining, minimizing, or blowing them off completely. Males seem to be much more likely to say, "It's your problem," when wives complain or ask for change.

Compassion also requires spouses to stretch beyond their logical, problem-solving approach and develop emotional empathy. Many women desire emotional validation far more than solutions, since it is through emotional sharing and validation that females establish intimacy. No matter how perfect a man's problem-solving suggestions, a typical woman will not feel loved until her partner has recognized and validated her feelings. PREP teaches couples to validate emotions before going on to problem solving.

Another form of compassion is tuning in when the partner needs extra help or support. Such efforts are usually met by an increase in emotional warmth and appreciation from the partner.

12. **CHANGE** - Successful relationships require a willingness to change outmoded ways of thinking and reacting. Many partners claim, "That's the way I am. You'll just have to accept it." This is an example of the Adlerian concept of "inadequacy," which rarely works for the individual - much less for the relationship. Stepping out of one's comfort zone rarely feels easy and inviting - but doing so is what enables individuals to grow into wholeness. Hendrix (1988) postulates that the underlying purpose of marriage is to heal childhood wounds and enable partners to become the whole persons they were created to be. Therefore, if a spouse's request for change will not actually harm the other partner, it may be growth-producing and should be tried - at least for a specified period of time.

Most marriages grow only as much as the individuals are willing to grow - and that means change. The Chinese symbol for change expresses the awareness that it involves both danger and opportunity. The perceived danger is losing parts of ourselves - but the opportunity has many benefits: shedding the baggage of unrealistic expectations and nonproductive habits; reclaiming potential that has been suppressed in our socialization process; and creating a loving and harmonious relationship that lasts a lifetime.

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SELF-ESTEEM: THE MISSING PIECE OF STRESS

Marlene M. Kuskie

Abstract

The counselor experiencing stress is undergoing an erosion of self-esteem which can lead to burnout. The dwindling self-esteem is due to the perceived inability of the counselor to control his/her life and thus a sense of failure evolves. If the counselor is to adjust to stress and resist burnout, self-esteem issues must be addressed. Since self-esteem is formed in relationship to others and through feedback, the renewal process must occur externally through choices and introspectively through the redefining of self. If a change in identity or self-concept does not occur, the counselor will continue to experience stress and all other changes will only be cosmetic. When the counselor can negotiate a new identity and find meaning, the counselor will be able to perceive the self as successful and lend new insights and wisdom to the field of counseling.

The stressed counselor calls into question a variety of issues unique to the counseling profession. More commonly addressed issues in the literature concerning stress are: eating habits, exercise, relaxation, assertiveness, meditation, and other behavioral interventions (Cherniss, 1980; Cooper, 1981; Farmer, Monahan, & Hekeler, 1984; Haney & Boenisch, 1982). But, interventions for the broader issues of self-esteem and redefinition of identity are not as readily available. The purpose of this article is to consider interventions for the counselor experiencing low self-esteem due to stress, for the affirmation of an emerging identity and the continuing need for the counselor to consult another colleague, mentor or profession-

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al counselor to enhance his/her own growth and development.

The interrelationship between self-esteem and stress must first be understood by the counselor if change is to occur. Stress and confusion result from a cognitive dissonance between the ideal and the real. As Dauw (1980) states, "Your self-esteem depends on how your image of your real self compares with your idealized vision of what you'd like to be" (pg. 9). As a result, the stressed counselor works very hard to make the real into the ideal by trying many different strategies. The stressed counselor's goal is to get control by changing other persons and environmental factors. Because the counselor does not have the power to control or change others and the environment, the stressed counselor begins to doubt his/her ability to make change happen. The counselor may appear to be functioning very well to others, but the counselor under stress does not feel success. A conflict or paradox arises within the stressed counselor in that the characteristics that may be useful in counseling can also contribute to stress.

Persons who are attracted to the counseling field usually have personality characteristics such as a desire to personally affect others, a belief in investing self in others to make change happen (Cobb, 1973) and a sense of well-being that comes from helping others (Cherniss, 1980). When these affective responses to helping do not occur due to a variety of reasons (e.g. court-referred cases, which are not in the counselor's control), the counselor begins to feel stress and doubts his/her ability to help others. Interestingly, Freudenberger (1974) describes the characteristics of the counselor most prone to stress as: dedicated; committed; and having a strong need to be accepted and liked. The characteristics of the good counselor also are the precursors of stress.

The organizational structure of the counseling field also contributes to a lack of feeling of success by the counselor. Hall (1976) states that the successful completion of a meaningful task leads to enhanced self-esteem. The tasks of being a counselor mostly deal with process and not finished products. As articulated by Arygis (1957, cited by Cherniss, 1980), when a counselor must work within an environment where the end product of success rarely occurs or the condition for psychological success is seldom present, the counselor may use intrapsychic defenses to maintain an identity that is based upon an idealized view of the self. An incongruence between the real and the ideal exists. The organizational structure of the counseling environment will not change to meet the needs of the counselor, thus if the counselor is to negotiate a positive sense of self and self-esteem, an introspective perceptual change must occur that determines success as defined by the self. The challenge becomes how to help the counselor experience a perceptual change in self-identity that causes him/her to define success in the self's terms. The following sections address various areas that might be addressed by the stressed counselor that are not addressed in the readily available resources on stress and burnout.

Identity and Self-esteem

James (1890) identified the primary influences in the formation of identity as: feedback from significant others, comparison of self to others, experiences resulting from the courage to risk new activities and introspection concerning self. Thus, a person comes to know the self in a physical sense of who I am, a social sense in relationship to others, and a spiritual sense as connected to desires, motives and emotions. For the stressed counselor experiencing diminishing self-esteem, relief is achieved through revised identity.

Clemes and Bean (1981) provide a model for the enhancement of self-esteem that considers James' (1890) primary influences of identity formation or the development of self-esteem that can be helpful to stressed counselors reconsidering the self. Clemes and Bean's (1981) model describes positive self-esteem as growing from having: a sense of connectiveness to people, places and things; a sense of uniqueness and respect for personal characteristics; a sense of power that comes from choices; and a consistent set of values/beliefs or personal standards that give purpose and direction to choices. These four areas become the paradigm to rediscover other aspects of the self.

The following questions were developed from the four areas of encouraging connectiveness, uniqueness, power and choice making that have been used with clients under stress to help them define their identity and enhance self-esteem. These questions are for the counselor to consider introspectively with behavioral change coming from subsequent choices. The questions also become a methodology for the counselor to elicit feedback from others since a large percentage of self identity comes from feedback. Feedback from others will assist the counselor in making the ideal and real expectations more congruent in his/her world.

It is the suggestion of this author that the following questions be addressed with another colleague or counselor in a therapeutic manner. The questions could be addressed with behavioral choices being made as the questions are addressed. Again it becomes important for the consulting counselor to encourage choices that are accomplishable in a brief period of time without adding more stress. Often the first question that needs to be addressed before a choice for change in a new direction is, what can be eliminated from the stressed counselor's activities before a new behavior is added? The following questions become the guideline for the stressed counselor and the person helping.

Enhancing Connectedness:

Who can I connect with? What do I want others to understand about me? Who can I trust? What is one possession that is important to me in this renewal process and what does this possession signify to me? Where do I feel the safest and how much time do I spend there? Within what group do I feel most comfortable? With whom would I like to let them know I care? When I need rest mentally and physically, how do I determine this condition in my body? How can I physically connect with the uniqueness of my body? When do I need time alone and when do I need to reconnect with others?

Enhancing Uniqueness:

What do I do well and how often have I done it lately? What is something that made me unique as a child/adolescent? How often have I done activities that made me unique as a child or adolescent? What activities are uniquely mine at home and work now? What would I like others to say about me in five, ten or twenty years? What is one activity that I could do that requires some risk that no one else around me does? What makes me different than others? What is the facade that I need to let down to let my differentness emerge? How can I use my imagination or rediscover my creativeness? Who will listen to my ideas? What do I do that I do not care what others think? If there was anything in the world I could do now, what would it be?

Encouraging Power:

What choices do I have in my life right now? What are three areas or things I would like to do to get some control in my life? What is a risk I would like to take? What is one thing that is within my power that I could change about my world or myself? What limits would I like to set on myself and others? What choices do I have concerning communicating my feelings and ideas? Where will I get the courage to risk new behaviors and execute new choices? What are three small choices in my life today?

Enhancing Values/Standards:

Who am I as a veteran counselor? What am I all about? What would I really like to do? What is keeping me from doing what I want to do? How can I do what I want to do? Who are the toxic people in my world right now and why are they toxic? Who do I need to talk to about my anger? What could or would give meaning to me and my life right now and in the future? What do I truly value and find important? What do I need to let go of and work toward? From the previous questions, what do I know about me and have learned about me?

The previous questions become guideposts for significant others and peers to help the counselor discover new perceptions about the self through introspection and feedback as well. The feedback from significant others often needs to be accomplished in a formal manner, i.e. making appointments with a list of questions to ask the significant others and peers. The previous questions can be restated in a format that elicits information that is not often asked about oneself. Examples of how the questions might be reframed to gather feedback from others are as follows: Who can I connect with? (reframed) With whom do you see me connecting with in my everyday life? What do I want others to understand about me? (reframed) What do you know about me or describe me? What is the facade that I need to let down to let my differentness emerge? (reframe) How do you see me putting up facades that keep my uniqueness or differentness from emerging? Each of the previous questions could be reframed to gather insight about the self from others.

The stressful events in the counselor's life may not change but how they are perceived by the counselor will change as the counselor formulates a new identity. In fact, these questions might be significant for the person considering entering the counseling field. Unless the self esteem is based upon a solid sense of self (concept), the person will be more prone to stress/burnout and will not be able to contribute to the field in a healthy, developmental way.

The stressed counselor needs to be helped to find meaning in the struggle of the renewal process. The renewal process might mean putting oneself in therapy. But at minimum, a collaborating colleague is necessary. As Hagberg (1990) stated, when a person comes to the wall of self-doubt, it is how the person finds meaning and purpose in the pain and/or change. The wall of self-doubt must be negotiated by struggling to find a personal faith/meaning and discovering how to reconnect with self and others. The meaning found in the crisis will become the hope for future growth and choice making for the counselor. This wall of self doubt can often be better negotiated in consultation with others as ideas are sorted out by the stressed counselor.

The gathering of feedback from significant others for introspection can be very challenging for the stressed counselor with low self-esteem. Perceptions and behaviors must be addressed by those helping the counselor such as challenging self-depreciation as displayed in depression, negative attitudes as displayed by cynical comments, decline in motivation shown by a questioning of commitment to the profession, feelings of having been wronged with a deep sense of being a victim, overwhelming feelings of guilt and inadequacy of not being able to achieve enough, feelings of loss with no hope of recovery and an attitude of disenchantment that leads to detachment (Maslach, 1976; Marshall & Kasman, 1980). Secondary to challenging the counselor's behaviors and attitudes will be enhancing his/her grief process. The counselor must grieve the loss of old perceptions of the self with the accompanying feelings of denial, blaming others, anger, guilt, sadness, loneliness and depression. The counselor is very aware of the grief process in clients but often is unaware of his/her own change process. Again, it is important for the counselor to have a colleague or another professional to consult concerning his/her own grief processes if mental health is to be maintained and stress is to be controlled.

Other Issues Influencing Self-Concept and Identity

While the counselor is experiencing a change in identity and loss of self-esteem due to a perceived inability to control stress, the counselor is also experiencing developmental and aging issues that require a reconsideration of self. Healthy development requires flexibility and adaptability. But as the counselor experiences stress, the counselor will respond with more rigidity and structure in an attempt to gain control. The rigidity is counterproductive to healthy growth and redefining the self at a different life stage. Thus, flexibility in a few basic areas of the counselor's life needs to be encouraged as soon as possible.

C. Gilligan (1977) offered a model of moral development that speaks to the counselor and his/her stressful caretaking roles as well. Gilligan challenges the morality of persons in caretaking roles to care-take the self. The existential question for the counselor experiencing stress is: If it is a moral obligation to care for others then is it not a moral obligation to care for the self as well? A moral dilemma develops within the stressed counselor between protection of others (responsibility) and protection of the self which is often perceived as selfishness. In the process of avoiding being selfish, the counselor becomes selfless (without an identity). A transformation in the understanding of self must occur that considers the morality of caring for self as well as others. The counselor will discover that in the process of caring for the self, he/she will become a better caretaker of others. The process of moral development can often be facilitated again by consultation with another professional counselor that is willing to confront the stressed counselor and encourage new perceptions and choices.

Transitions in adult development are addressed by a variety of theorists such as Erikson (1968), Heath (1980), Neugarten (1979), Levinson (1978) and Loevinger (1976). But the important theme that permeates these theories is the need for the individual to constantly redefine the self (identity) in relationships, in the individual's work and in leisure. The counselor needs to be challenged to consider new aspects of the self as change is occurring. When new aspects of the self are challenged and risk taking occurs, a new sense of worth of self will evolve and self-esteem is enhanced. The six areas of wellness (physical, social, emotional, intellectual, vocational and spiritual) must be constantly integrated in the change process since each area is changing. The redefinition of self must be holistic in nature if authentic change is to occur. By possibly focusing on another area of wellness such as new intellectual or physical growth, stress is reduced in the emotional area.

An area often ignored in existential theories of counseling is family-of-origin work. The goal of family-of-origin work is for the counselor to confront separateness and connectness, become less reactive, and gain greater objectivity and neutrality (Titleman, 1987). At the root of identity are those issues and patterns that are being unconsciously repeated from the family-of-origin. The counselor under stress is continuing to use strategies that were learned in the growing-up family but are not productive for their particular stage in life or situation. Like Clemes and Bean (1981), Titleman can be a valuable resource for not only the counselor discovering more about the self but also enhancing the counselor's skills in helping others find new dimensions and understandings of behavior. As Titleman summarized, discovering patterns of behavior, thoughts and feelings from the growing-up family help the counselor avoid emotional burnout, a common occupational hazard for counselors (pp. 3-4). Family-of-origin work provides an opportunity for the counselor to risk making choices concerning relationships with his/her growing-up family, gain new feedback about family and self, provide connectiveness and opportunity to discover uniqueness in self and others. A reframing process occurs as family-of-origin work is done. As a consequence, the self is redefined with new feelings, attitudes and ideas which is the goal of helping the counselor under stress. Often it is necessary due to the emotional themes within the family-of-origin study to work with another family counselor. The family counselor can help the stressed counselor not only differentiate more from the family of-origin but also the employment situation or system.

The importance of the counselor continuing his/her own growth becomes a very important element if stress is to be kept at a minimum level. As discussed in many of the previous sections, the counselor's growth can be enhanced by seeking out a colleague or another professional in the field. As counselors we accept the client's need for seeking assistance with personal growth, so must the counselor be willing to be open, honest and accepting of his/her own growth process and the need for another person to walk the change path with him/her. The counselor is encouraged to read the many resources on stress and burnout but without considering a change of identity and self as previously discussed, the changes will be cosmetic and not long lasting.

Summary

The counselor under stress goes through a process of an erosion of the self. Self-doubt and lowered self-esteem enter the counselor's world as the opportunities to control and be successful become fewer. If the counselor is to continue in the field and be successful, a renewal of the self must accompany other behavioral approaches. A new perception of the self must include a new awareness of the self's needs, a redefinition of selfishness that replaces selflessness to self-fulfillment, a morality of care for others that includes a care of self, a condition of interdependency that allows for separateness and connectedness, a reconnection with self and others, a discovery of new areas of uniqueness and power through choices, and a redefined value system that becomes a standard for future choice making. Since identity of self develops in relationship to others, feedback and connection to others is a necessary and vital factor in the rediscovery process.

As professionals, we are committed to helping others. But it is within our own profession that we can make the greatest impact—helping each other to continue to grow personally and professionally. In fact, it becomes our ethical responsibility to respond to peers in a caring, growth producing way. By providing feedback and encouraging development of the self and identity, the counselor under stress will negotiate a new identity. In turn, the counselor will bring new enthusiasm and wisdom to the profession. Like the counselor that finds new meaning in the redefining process, the profession will continue to develop and become wiser in helping others as well.

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Erik Erikson: The Nebraska - South Dakota Connection

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Abstract

In 1937, the noted child psychoanalyst, Erik Homburger Erikson, traveled to the Pine Ridge Indian Reservation in South Dakota to study the culture and the children. This paper was developed out of a curiosity about the nature of the Sioux people that Erikson found upon his visit. The content of the paper is based upon original sources and commentaries and provides (1) a brief history of the Sioux up to the time of Erikson's visit, (2) a summary of some of his observations, and (3) a few of the lessons learned by Erikson about culture and human development. It is intended to give to counselors a greater knowledge of the Sioux people and greater sensitivity to Sioux history and culture.

The history of the Sioux at Pine Ridge is not pretty or romantic. The people Erikson found were descendants of woodlanders who had moved onto the northern plains and became nomadic about two hundred years prior to the arrival of the white man (Spicer, 1969). Their culture had revolved around the buffalo, and they were accustomed to roaming wide ranges to take advantage of the buffaloes' migration.

The white man's arrival in North America had little immediate impact on the Sioux, for the Great Plains were seen by him as "...without much promise" (Andrist, 1964, p. 4). However, as the westward expansion of the whites developed, overland routes began to criss-cross migration paths that the buffalo and Sioux followed. The government attempted to manage the white migration and the Native Americans through a series of treaties which continued to restrict Indian land to a narrower and narrower range. The Sioux were eventually cut off from the buffalo, but despite their sometimes aggressive attempts to reclaim their land and their former way of life, they eventually were completely defeated (Andrist, 1964).

Erikson (1963) points out that these people worked at adjusting to the restricted physical and psychological circumstances, but politics and deception yielded another defeat. Early in the twentieth century, the Sioux worked at becoming cattle ranchers, but when their success threatened white cattle interests, the Federal Government banned such ranching on reservations (Erikson, 1963). The death of the buffalo and the loss of cattle lead to dependency on aid from the government, and rationing of food was one of the two strategies used to breakdown the authority of the Sioux leadership on the reservation (Spicer, 1969). This strategy "...provided a lever for pressuring tribes into compliance with official policy: the threat to withhold food" (McNickle, 1974, p. 330), and it took from the people their " ... energies and spirit" (McNickle, 1974, p. 330).

In addition to geographic restrictions and changes in livelihood imposed on the Sioux, the white government sought to forcibly "assimilate" Native Americans into the white culture . One of the most profound efforts was through the schooling process. Schools for the purpose of assimilation were established on reservations, but many were built at a distance from reservations. These boarding schools were effective in " ... driving a wedge between children and parents and thus hastening the process of cultural assimilation" (Spicer, 1969 p. 116).

As can be seen, Erikson found a humiliated people when he came to Pine Ridge. Successive generations had experienced defeat and deception. Erikson (1963) makes direct reference to the poor conditions that existed for the Sioux people.

> ...the visitor on the reservation after a short while feels as if he were a part of a slow-motion picture, as if a historical burden arrested the life around him..Here the Indian problem loses its ancient patina and joins the problems of colored minorities, rural and urban, which are waiting for busy democratic processes to find time for them. (pp. 119-120)

Erikson's Experiences and Observations

For the purpose of this paper, Erikson's numerous observations at Pine Ridge will be confined to five areas, (1) the Pine Ridge landscape and people, (2) the role of the government and its employees in the lives of the Sioux people, (3) different experiences yield different dreams on the part of the Sioux people, (4) differences between white values and those of the Sioux especially in the area of attitude toward property, and (5) the nature of the child training practices that he saw among the Sioux.

Initial Impressions and Directions

During the summer of 1937, Erikson joined an institute at Pine Ridge intended to promote "...the cultural enlightenment of the Indian Service employees" (Erikson, 1939, p. 101). To get to Pine Ridge, he took a train from New Haven to Omaha, and then he traveled by car to Pine Ridge. Upon his arrival at Pine Ridge, Erikson found that

> The few thousand Sioux living on the Reservation represented the forlorn survivors of a tragic history.... They were forced to live by farming the arid land — a form of work quite alien to them. Their customs had been further weakened by the imposition of a foreign education system on their children. (Stevens, 1983, p. 25)

In the despair that Erikson (1939) saw, he observed that

> ... the years of disappointment and dependence have left the Plains Indian unable to trust where he can hardly afford to distrust. Many suspect that even if the millions of buffaloes and the gold taken from the Black Hills could be returned, the Sioux would not be able to forget the traumatic defeat and the habits of dependence, nor manage to create a community adapted to the present-day world which, after all, dictates to the conquerors as well as to the conquered. (p. 105)

Erikson had imagined a people much different than he found, and he

> ... [set] about investigating a society much as he [did] an individual. He [asked] questions, [listened] and [observed] and [tried] to make sense of it all. His aim [was] to detect the key psychological dimensions which characterize[d] the culture — its particular integrated pattern of values, beliefs, behaviors, and relationships. His attitude [was] functional and ecological. He [saw] this pattern as related to the particular style of life which [had] been necessary for the tribe to survive. Any cultural configuration, he [regarded] as rooted in geographical, economic and historical necessity. He also consider[ed] the experiences of childhood as the important mediating influence by which the cultural pattern is maintained. (Stevens, 1983, p. 25)

Imagine this relatively young immigrant trying to make sense of this very different culture. As

Coles (1970) states,

> The encounter itself must have been rather interesting. The European psychoanalyst, only four years in America, day after day came to know Indian mothers and their children, spoke with employees of the government's Bureau of Indian Affairs, and gradually got the feel of the prairie, of people living exceptionally close to their past because they ha[d] very little new history to make ... his work with the Sioux Indians marked the beginning of a life-long effort to demonstrate how the events of childhood are affected by the inevitable encounter with a given society ... (p. 37)

Dreams across Several Generations

Erikson was intrigued by the diversity of the experiences of the Native American people he met at Pine Ridge. In particular, each generation had had its own unique development in terms of the historical context. As he says,

> The long-haired old men among the present inhabitants of Pine Ridge remember the days when their fathers were the masters of the prairie who met the representatives of the United States Government as equals. (Erikson. 1939, p. 114)

> Many of these oldest people ... received their education from missionaries, or teachers with a pioneer background, or from Quakers at Carlyle, Hampton, or Philadelphia, who taught them English and tried to transmit to them practical as well as God fearing ways of life. Once the actual fighting had ceased these Indians learned to know the older generation of Americans whose God was a not-too-distant relative of the Indian's Great Spirit, and whose ideas of an aggressive but dignified and charitable human life were not so very different from the brave and generous characteristics of the Indian's "good man". (Erikson, 1939, p. 114)

The next generation, those from thirty to nearly sixty years of age

> ... have like the [older ones], been through the trying period of adjustment to reservation life, but their childhood knew the hunting, fur-trading existence only from hearsay. Their stomachs started on government rations and their minds were turned to a parasite life which was regarded as their inalienable right by treaty (Mekeel, 1936). (Erikson, 1939, p. 115)

As Erikson (1939) points out, these thirty to sixty year olds received their education away from the reservation in government boarding schools by people with the "... racial tolerance of the Quaker ..." (p. 115) and with no "... understanding for the home background to which the Indian child must return" (p. 115) . Finally, there are those who are less than thirty-five years old.

> They cannot point to any basic accomplishment, however, beyond a certain superficial adaptation which often seems mainly verbal; the majority of them have as little concept of the future as they are beginning to have of the past. In their early childhood they were educated by members of the two older groups for whom the future is empty expect for dreams of restoration. In their later childhood, they were set an example of reform by the white man's educational system which was increasing in vitality and in perfection of organization. (Erikson, 1939, pp. 115-116)

Erikson was forced to conclude that the experiences of the older people that were being presented to the younger were not relevant to the future that the younger people saw for themselves, and identity was difficult to achieve.

White Values versus Sioux Values

In addition to observations about the experiences of the generations, Erikson noted differences in the values of the Sioux people and those taught by the Indian school teachers.

> The Sioux attitude toward property still radically contradicts the very concepts which white educators must implant in Indian children in order to lay the groundwork for their participation in our dollar civilization .The crowning point of this economic ideology of leveling of wealth is the "give away," the offering of one's entire property to those who have been invited to a feast in honor of a person. (Erikson, 1939, p. 117)

According to Erikson's (1939) perceptions, this leveling,

> ...must somehow have arisen from necessity: nomads need a safe minimum of property, but not more than they can carry with them; people who live by hunting depend on the generosity of the luckiest and most able hunters, etc (p. 117)

As a result of the discrepancy between white and Sioux values, Erikson (1939) takes a very sympathetic posture toward the Indian's traditional position. The white school system was trying to impose values on the Indian student that were foreign and which did not have value when he or she returned to family life on the reservation.

Sioux Child Training Practices

In addition to observations about assimilation and the consequence of rigid cultural customs, Erikson made a number of points regarding the training of the Sioux child. He conducted many interviews with Sioux mothers and uncovered some interesting information. It is in the area of delivery that conflicts in cultures began to be apparent. Erikson (1939) states that

> ... white women usually speak with scorn about the "unhygienic" custom of the older Indian woman, who made herself a bed of sand in or near her home on which she lay or knelt to have her baby, pressing her feet against two pegs driven into the ground and grasping two other pegs with her hands. However, this bed, called "a pile of dirt" by the whites, seems to be only one feature of the specific Plains hygiene system according to which every bodily waste is given for disinfection to sand, wind, and sun (Sockard, 1931).... From a psychological angle, it can only be said that the older women see in the changes which modern hygiene and hospitals are bringing about in the younger generation's customs of child bearing, not only a danger of fortitude, one of the highest virtues of their race, but also an injustice to the baby. (pp. 134-135)

Erikson (1939) notes that breast-feeding customs were ritualistic and very deliberate among the Sioux.

> ... the baby was saved the exertion of stimulating his mother's breast and of digesting the colostrum which precedes the generous flow of milk. Once the baby had begun to enjoy the mother's breast, he was nursed whenever he whimpered and was permitted to play freely with the breast. The Sioux Indians did not believe that helpless crying would make a baby strong, although ...they considered temper tantrums in the older child beneficial. (Erikson, 1945, p. 326)

Thus, childrearing was systematic and deliberate among the Sioux. Erikson (1945)

> ... sees in the history of the Sioux child's pre-verbal conditioning an ingenious arrangement which would secure in the Sioux personality that combination of undiminished self confidence, trust in the availability of food supply, and ready anger in the face of interference, the co-existence of which was necessary for the functioning of a hunter democracy. (p. 327)

Here, the emphasis is on the

utility, or positive consequences, of the practices, and Erikson sees the value of trusting and personal confidence.

Conclusions: Lessons Learned By Erikson

From reading Erikson's observations, one cannot help but note some "universal truths" in terms of the nature of people as well as realize that some of his points lead to, or reinforce, conclusions that he makes in his stages of psychosocial development. The conclusions herein can be lumped into five areas.

First, he points out that childrearing practices can have a profound influence on one's developmental outcome, especially regarding identity.

> ... small differences in child training are of lasting and sometimes fatal significance in differentiating a people's image of the world, their sense of decency, and their sense of identity. (Erikson, 1963, p. 124)

The Sioux contributed to their children's identity formation as either hunters (for males) or hunters' helpers (for females), but with the end of the hunter existence, the childrearing practices were not changing fast enough to give both males and females new identities.

Second, and similar to the first lesson, Erikson (1963) observes that, in the case of the Sioux, past cultural virtues had not changed over with sufficient speed to allow for adaptation/assimilation to the new culture.

> ... necessities change more rapidly than true virtues, and it is one of the most paradoxical problems of human evolution that virtues which were originally designed to safeguard an individual's or a group's self-preservation become rigid under the pressure of anachronistic fears of extinction and thus render a people unable to adapt to changed necessities (Erikson, 1963, p. 129)

He seems to think that adaptation would have made the people happier, but he does not mention, in this context, the fact that these people had lost trust in the white culture, and they hoped that clinging to their old ways was a means of survival.

Third, the forty to fifty years since the defeat of the Sioux seems a short while to make major changes in values, but Erikson (1963) believes this process is necessary for survival.

> ...values do not persist unless they work, economically, psychologically, and spiritually; and I argue that to this end they must continue to be anchored, generation after generation, in early child training; while child training, to remain consistent, must be embedded in a

> system of continued economic and cultural synthesis. (Erikson, 1963, p. 138)

At Pine Ridge, he had not seen the cultural synthesis that he thought necessary.

Fourth, the cultural synthesis that was just mentioned also means the loss of identity as a people. For whites to allow the Indians to retain their identity, the white identity might be lost. Whereas, for Indians to adopt forms of the white culture might mean the end of their existence. Erikson (1945) explains hesitation on both sides by saying,

> Thus, trying to understand the grievances of both races, the author encountered "resistances" which, he believes, are not based on malice nor entirely on ignorance, but rather, on anachronistic fears of extinction, and fear of loss of group identity ... (p. 323)

Change was being asked of the conquered people, but that was not acceptable for many reasons, and acceptance of the culture of the conqueror was not possible for equally numerous reasons. The inability for either race to culturally synthesize stripped the dignity from both races.

Finally, from Erikson's observations come three themes that follow throughout his writing about psychosocial development. First, in regard to childrearing practices in infancy and toddlerhood, he observes that the faithful attention to their young children yields Sioux toddlers with a "... combination of undiminished self-confidence [and] trust" (Erikson, 1945, p. 327). Second, the notion of self confidence and its value appears in several of Erikson's observations. Self-confidence appears central to much of psychosocial development but is particularly important during the Industry versus Inferiority stage which constitutes the early school years.

> The child's danger, at this stage, lies in a sense of inadequacy and inferiority. If he despairs of his tools and skills or of his status among his tool peers, he may be discouraged from identification with them and with a section of the tool world. (Erikson, 1963, p. 260)

Obviously, the outcome of "industry" comes within initial and continuing self-confidence, and the educational years can enhance or take away this confidence. And, third, as previously noted, the rapid changes in Sioux culture from the 1840s to the 1930s produced three reservation generations who did not share a common formative experience.

> Thus ... the Sioux have been denied the bases for a collective identity formation and with it that reservoir of collective integrity from which the individual must derive

> his stature as a social being. (Erikson, 1963, p. 154)

Experiences of seeing the Sioux culture in flux seem to have led Erikson to value the identity formation process and to realize that it begins in adolescence and continues throughout life.

Conclusion

In this day and age of an emphasis on intercultural understanding and appreciation, knowledge of other cultures is a necessity for all counselors. Erikson's observations provide not only a beginning for understanding both the Sioux people and where they have come from but also a sensitivity for all cultures. Erikson, the foreign-born observer of human behavior was able to accept and appreciate the Sioux people, and he achieved this acceptance through becoming acquainted with their culture and with them as individuals. He did not judge, but he was open to the fullness of their historic and cultural past. He provides a lesson for all.

It should be emphasized that his article contains material taken from the writings of Erik Erikson and this material represents his impressions of the people of Pine Ridge at the time of his visit. What he saw was influenced by his training in psychoanalysis and by his cultural experiences as a white, European-born male.

In addition, it should be noted that Erikson's observation that the Sioux people had not changed out of concern for their very survival. They had adopted many white ways that enabled them to remain viable as a people. Since 1937, much has changed for the people of Pine Ridge, and in no way is this article intended to convey the idea that Erikson's impressions are consistent with today's realities.

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COUNSELING THE CHRONICALLY ILL

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Abstract

Fifty percent, or more, of the population in the USA today has had to live with a chronic condition that even one generation ago would have been fatal. Living with a long term condition requires development and system adjustments. The professional counselor must be prepared to provide services which will expedite developmental and systems adjustments. This article addresses some of the conditions we will want to understand as we practice our profession of counseling with the chronically ill.

INTRODUCTION

Professional counselors will want to recognize that the number one health problem in the United States today is chronic illness, with fifty percent or more of the population having experienced one or more chronic conditions (Hymovich, 1992). Many persons live with illnesses which even one generation ago would have been fatal. Persons living with these chronic conditions must develop coping skills which address making developmental adjustments within a system-usually the family. Since the chronically ill individual functions primarily in a family system the illness of one member affects all members of the family. To the extent the immediate family is effected the extended family will also be effected. Chronic illness generates anxiety within a family system and alters communication patterns, roles and relationships.

Professional counselors must be prepared to assist families to make adaptations in the family system(s). The task of the counselor includes leading the family to resolve their presenting problems and improve the underlying structure of the family. The family's construction of reality or world view may be distorted. On one end of the spectrum the ill family member insists that family members treat him or her as healthy, denying other's expression of their thoughts and fears. At the opposite end of the spectrum the ill person encourages the family to protect them at the risk of creating more dependence.

The language of illness usually includes a language of combat. In our society we battle cancer, fight infections and overcome paralysis. Illness is an enemy to be struggled with and defeated with the individual and family energy focused on battle, the illness becomes triangulated within the family system. The triangulated family system often begets the illness as the source of the family problems. Conflicts within the family system can become dysfunctional particularly when an illness is used to diffuse conflict.

CHARACTERISTICS OF HEALTHY AND VULNERABLE FAMILIES

Counselors recognize and support the development of healthy systems. According to Hymovich, (1992) health families often present an open system with permeable boundaries; they interact with systems outside their own. Such systems are described as negentrophic or able to receive energy from outside itself. The healthy system remains strong in its own structure because it has access to other resources and changes on the basis of need. Adaptations of this sort are made through free communication and respect for all family members.

In contrast, vulnerable families are described as more closed, with impermeable boundaries. These families make an entropic system with little or no energy coming from outside itself. Resources are restricted making the system closed to change. The communication patterns are poor and family members show little respect for one another. The larger social system also shows negative effects when made up of isolated subparts. The counselor will usually be led to make a convincing plan of involvement within subparts (families) and will encourage more open relations between subparts with the hope of a better functioning larger system (Gurman & Kniskern, (1991).

Counseling intervention is a necessity for dysfunctional families even before a chronic illness occurs; but, poorly functioning family systems can improve with healthy outside influence (Gurman & Kniskern, 1991). Families that cope with the illness are families that maintain open family systems. These families participate in social relationships and interact with others in their schools, churches, health care facilities and other supporting groups. These qualities make outside resources available to them for problem solving. Healthy family systems encourage members to hear and acknowledge the verbal and nonverbal communication of its members and allow its members to bring information into the system.

Vulnerable families cannot gain relief from stress because they cannot benefit from outside systems and expend more energy in boundary maintenance (Hymovich, 1992). When confronted with a chronic condition enmeshed families become overwhelmed and immobilized. It is difficult to identify who is in charge, all family members seem too involved with the illness. The person with chronic illness is not always the problem, sometimes "hidden" patients are found in vulnerable families (Thomas, 1992). Perhaps ied depending upon family environmental influences (Gallo, 1992).

ISSUES FOR THE CHRONICALLY ILL INDIVIDUAL

Historically, counselors have been concerned about the individual; even when using the systems approach counselors continue to keep individuals as part of the focus. Individuals with chronic illness face a wide array of potential life interruptions and psychological changes. These changes include loss of social and vocational roles, permanent changes in life style, threats to self image and self esteem, disruption of normal life transitions, uncertain and unpredictable futures, and decreasing resources (White, 1992). The adaptive demands resulting from these changes occur in a cyclic manner. Physical disability alters the psychological status which affects social activities. This process is ongoing and adaptive responses vary according to the phases of the life cycle, the illness, and the individuals in the family system. The demands of the illness disturb the emotional homeostasis of the individual.

Individuals who are able to successfully adapt to illnesses are able to reorganize and accept themselves so that meaning and purpose to living can reside in them and their family. A number of studies demonstrate that coping includes exercising some control over the disease (White, 1992). The stress resulting from the chronic illness was managed before relief was afforded in the form of meaning and purpose of life. This was more easily accomplished when there was already unavailable support system. Many of the chronically ill could not maintain social networks and suffered from social isolation. A lack of social support contributed to the individual's deterioration (Gurnan & Kniskern, 1991).

Life events can become overwhelming and threatening especially when viewed as being beyond control. One important method for regaining control was to demystify the illness. This required seeing the illness for what it was physiologically and learning to conform to its predictable patterns. The chronically ill person was led to negotiate a co-existence with the illness, resulting in a reduction in fear and an increased feeling of autonomy (White, 1992).

Unless there is resolution the chronically ill experience prolonged grief. They experience great loss, involving loss of health, loss of use of a part of the body, loss of hope for a long and unencumbered life, loss of peace of mind, loss of job, even loss of friends or family. Powerful emotions within the ill individual preoccupies them to the degree that other life events seem insignificant. The chronically ill frequently use their grief on themselves in the form of self-pity, with many angry ramifications. These emotions are often interpreted as ingratitude which further isolates them from others (White, 1992).

Chronic illness demands that the ill person focus their attention on their body, the very thing that causes so much loss, grief, guilt and low image. Even illnesses that do not carry a social stigma seem to generate shame. Our culture often appears as though it is obsessed with gaining complete physical self control. Feeling defective and dysfunctional are reported to be worse than feeling out of shape (Register, 1987).

A major psychological inhibition for men is impotence while women fear that illness will make them sexually undesirable. Self-esteem is a prerequisite for healthy sexuality but it is difficult to achieve when the body is ill. Hatred of one's own body is a common consequence of chronic illness.

The work ethic in our culture adds an additional stigma to the chronically ill since many are forced to find alternatives to work. Chronic illness does not bring entitlement to special consideration in the workplace. Instead, rewards are reserved for those who surpass their physical limitations and even work partially disabled (Register, 1992).

Loss of work means lost colleagues, lost environment, and a lost routine that seems to give structure to life. These losses amplify lost identity, lost time in production, and lost dreams of life meaning. Our expectations for self determine to some degree what we become. When we are faced with chronic illness we are led to create a new self image that puts less emphasis on physical self. Illness in children is like an extended childhood serving to prolong parental control and authority over the child (Hymovich & Hagopian, 1992).

Chronically affected men and women share a dread of bringing less to the marital relationship than the healthy partner. This is expressed in frequent apologies for being burdensome or more as effusive praise and gratitude for the spouses' support. Some persons are able to acknowledge their feelings of shame because shame is inseparable from feelings of inadequacy. Still others project their feelings onto their spouses and suspect them of harboring resentments. Relationships thrown out of balance by chronic illness makes it difficult to talk opening about feelings and likely will require the services of a professional counselor. Shame results from not being able to share in the spouses' favorite activities, when the required treatment drains the family finances, or interferes in some other way in the relationship. These hardships change the orientation of the relationship away from nurturing each other into nurturing the illness (Hymovich & Hagopian, 1992).

IMPLICATIONS FOR THE COUNSELOR

The counselor must treat the illness as only one factor interfering in the relationship. The goal in counseling is to help the family gain a sense of mastery over the illness. This is accomplished by increasing family support of the person with the chronic illness in the form of healthy, accepting views of illness. This includes changing misconceptions, marshaling support, and promoting a healthy viewpoint (Thomas, 1992).

Campbell (1986) concludes that social support is a major influence on reducing mortality and that family support of the social structure is vitally important. Social support includes affective support (feeling loved and cared for as a person), self-esteem support (valuing and respecting a person), and network support (having a role with duties and expectations) (Cobb, 1982). The support of a spouse is crucial to younger people, while the support of a child is essential to the longevity of the elderly.

Family support fulfilled the following functions. (1) They disseminated information about the external world. (2) They provided comments about a family member's behavior. (3) They reasoned their belief system. (4) They modeled problem solving. (5) They provided resources for help and services. (6) They found a place to recuperate. (7) They cast a system of control. (8) They affirmed identity. (9) They facilitated talking through feelings in transitions rather than forming premature judgment (Thomas, 1992).

Due to the significance of family support, it is important for the counselor to ask questions about how the family views the etiology of the illness and mastery of the outcome. Family beliefs are often based on religious views, ethnic background, and experience with the mastery of similar or other illnesses in the family of origin. The counselor must be sensitive to cues and language that indicate coping methods in the family. The successful counselor will structure the therapy to encourage each family member to reach for and at least partially attain their needs and goals (Thomas, 1992).

Other family counseling techniques utilized to promote health in families include: (1) assisting each family member to increase self-esteem and develop a healthy self-concept; (2) encouraging healthy communication in the family; (3) being a model of healthy stress management, which needs to include proper breathing, diet, weight control and exercise; (4) confronting, persuading and influencing family members to give up unhealthy habits such as smoking or substance abuse, and substitute healthy alternatives; (5) guiding family members toward increased intimacy, including emotional sharing as well as physical touching and interaction; (6) educating the family about health matters; (7) learning about and using appropriate referral sources in the community; and (8) supporting the efforts of family members to develop their spirituality (Thomas, 1992).

Thomas (1992) also suggests various questions the counselor will need to explore. Examples: Have the parents been available to all of their children? What is the family perception of how much burden the illness places on the family and individual family members: What are the qualities of the family members and peer relationships: What are the available family and community resources? The counselor will also need to explore questions such as: Who is the family spokesperson? What does this mean? Who selected this spokesperson? Are they the executive head of the family? What is the other spouse doing when the one executive is speaking?

Family members are to coordinate their efforts in meeting emotional needs and in making adaptive responses as they gain in effectiveness. Under the structural model, when the counselor joins the family the counselor assumes leadership of the therapeutic system. This leadership involves assuming responsibility for what happens. The counselor assesses the family and develops therapeutic goals based on sound assessment. The counselor intervenes in ways that facilitate the transformation of the family system in the direction of those goals. The target of effective intervention is often the family and enhancement of the family system. The healthy family system is the matrix of the healing and growth of its members. The responsibility for reaching this state, or for failing to do so, belongs to the counselor (Minuchin, 1974). Following the structural model, the counselor changes the transactional patterns that support the enmeshment or disengagement of certain family members in perpetuating the illness in the family system. One tactic puts the illness in a position where all members of the system develop an internal locus of control over the illness.

Treatment is focused on how each person affects and helps one another, with the family viewed as the matrix of healing. The goal often includes more mutual accommodation and support.

SUMMARY/CONCLUSIONS

Chronic illness has become a pervasive problem in our society. Estimates range from fifty to eighty percent of the persons in the United States someday being chronically ill. The issues of how to deal with the family systems containing these persons have not been adequately addressed in our professional writings. What was found included several references to headaches, eating disorders, and bedwetting, however, references to illnesses such as cancer, arthritis, emphysema, lupus, and many other chronic illnesses were not found.Chronic illness places incredible demands on family members and generally disrupts the developmental processes of families. One study stated that seventy percent of the marriages with a chronically ill member ended in divorce (Pitzle, 1986). The counselor is in a unique position to affect the health care system in a positive way. Traditional medical models are much too narrow in focus to result in positive outcomes for many families who have chronically ill family members.

Often times, too much energy is expended in nurturing the illness, while the family system members are not nurturing themselves or the family system. Stressed families, like those with a chronically ill member are in need of an effective family centered health care delivery system.

The availability of counselors knowledgeable in systems approaches is essential to a complete health care system. As counselors, more of us need to prepare ourselves to intervene in family systems thrown out of control when severe demands are put on it.

If families are not able to place appropriate boundaries on an illness, the whole family often becomes dysfunctional. Without resolution, the family dysfunction will be seen in subsequent generations.

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SELECTIVE RELAXATION TECHNIQUES IN BRIEF COUNSELING SITUATIONS

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Abstract

Relaxation techniques to manage anxiety and stress related problems are increasingly used to treat a diverse range of conditions. A review of the current literature was conducted to ascertain the effectiveness of autogenics, imagery and hypnosis in areas other than stress management. The literature indicates support for a broad range of applications of these techniques in brief counseling situations.

Introduction

The purpose of this article is to alert counselors and therapists of the pervasive and insidious nature of stress in our society and to review the literature about three relaxation techniques used as treatment for stress. Most therapists seem to be aware of the detrimental impact stress can have on their clients; however, they fail to address this issue in a direct and effective manner. The authors do not propose that stress management techniques are more effective than other therapeutic interventions the therapist might employ, but that a quicker resolution of the client's problems may be possible with the inclusion of these techniques. Given the current trend toward time limited therapy by third party payers, counselors must seek more efficient techniques to assist their clients. This article will also examine three prominent relaxation techniques namely: autogenics, hypnosis and imagery. Each aforementioned technique will be discussed and selected current research findings reviewed.

This article will enable therapists to perceive the need to use stress management techniques in concert with other therapeutic avenues. In addition it will facilitate a greater understanding of available relaxation options, which ultimately may lead to increased application of these techniques.

Throughout history stress has been an issue for human beings. As the environment becomes progressively more complex, physiological and mental stress increases for individuals. Herbert Benson (1975) stated "We are in the midst of an epidemic, one that is all too prevalent in the United States and other industrialized nations. The name of this epidemic is hypertension..." (p. 13).

Goldwag (1979) proposes that an individual's stress response is proportionate to the perception of the stressful stimulus. Goldwag also postulates that it is evident that the human body is pliable, changeable and can be altered

Results suggest that a method that uses Rorschach plates in a visual imagery paradigm can be a useful clinical tool (Yanovski & Fogel, 1989).

Bonny (1989) used guided imagery and music (GIM) to enhance self-understanding and personal growth. GIM was found to be most effective when used on a one-to-one basis in private practice. Those least likely to benefit from GIM include clients with psychotic symptoms, neurological impairments or insufficient ego strength.

A successful use of transpersonal therapy (transformation of one's state of consciousness and sense of identity) based on guided imagery with adult male patients suffering from depression, paranoia, and other emotional problems was described by Foot (1988). Peach (1984) produced findings that show guided imagery with music (GIM) procedure yielded an average increase in skin temperature by 5.4 degrees and an increase of nearly one full step on the perceived state of relaxation (PSR). Subjects taking antipsychotic medications tended to begin with the highest skin temperature and showed the least amount of change in skin temperature and PSR, which reflects the calming properties of the major tranquilizing drugs.

Smith and Womack (1987) looked at different therapeutic interventions to counteract stress related symptoms in children and adolescents. Smith used imagery and other techniques with four subjects between 9 and 17 years of age to treat recurrent headaches, chest pain, abdominal pain and dizziness.

Hypnosis

Hypnosis is defined as an altered state of consciousness which is artificially induced and characterized by increased receptiveness to suggestions (Benson, 1975). The induction procedure normally involved suggestions of drowsiness and relaxation followed by suggestions of the desired outcomes. According to Manusov (1990), hypnosis has been used as a therapeutic tool for centuries, but only in the past 50 years have the clinical applications been delineated. The use of hypnosis by the medical community has increased, partly as a result of a growing awareness of hypnotherapy as an effective treatment modality and as a result of improvements in research methodology. Hypnosis can be used successfully according to Manusov (1990) to relieve anxiety and reduce stress.

Syrjala, Cummings and Donaldson (1992) tested the efficacy of several psychological techniques for reducing cancer pain or postchemotherapy nausea and emesis in 45 bone marrow transplant patients. Hypnosis was found to be effective in reducing reported oral pain for subjects undergoing marrow transplantation.

Marriott and Brice (1990) used 34 clients (aged 21-70 years) in the clinical setting who preferred a single hypnotherapy session to stop their habit of tobacco smoking. They were followed up after 12 weeks. Twenty-nine percent of the subjects had stopped smoking for only a few hours or not at all as a result of the hypnosis session; twenty-five percent had stopped for periods ranging from one day to four weeks; and fifteen percent ceased smoking for 8 to 10 weeks before taking it up again. Twenty-nine percent reported smoking sometime after 12 weeks.

The attitudes of 80 members of the Society for Clinical and Experimental Hypnosis toward use of hypnotherapeutic techniques with psychotic patients as well as actual use of such techniques was assessed by Baker, Hulsey and Glenn (1990). The members felt most strongly that more research is needed but indicated that hypnosis can be useful with psychotic patients. Only one subject believed that psychotics could not be hypnotized, and there was very little endorsement of negative attitudes toward the use of hypnosis with psychotics.

Valente (1990) found that hypnosis can be used to bolster a child's symptom management, ability to solve problems, or self-esteem. Valente also proposes that hypnosis effectively reduces anxiety and enhances coping and it has been used successfully to treat behavior disorders, school phobias and sleep disorders.

Cafaro (1986) discusses personal experience using hypnoanalysis (therapeutic intervention while under hypnosis) as a quick technique for treating sexual disorders (particularly frigidity, impotence and premature ejaculation). Hypnoanalysis, with age regression and dream analysis under hypnosis, was effective in 85% of the 143 cases treated.

Davidson (1987) examined 10 migraine patients for frequency and severity of headaches following a single hypnotic treatment. Results indicated that 70% of the subjects experienced significant improvement of symptoms after four sessions.

Discussion

It appears that current trends will persist for mandated brief therapy due to limits on third party payments; counselors and therapists will have a progressively greater need to employ short-term stress management techniques. The general effectiveness of autogenics, imagery and hypnosis seems well supported by the current literature. The diversity of applications may point to an even broader range of usefulness in situations as yet untried. It is hoped that as counselors and therapists become more familiar with these techniques, their potential applications will serve as more commonly used tools to help counteract a broader array of problems usually not associated with relaxation methods, as well as areas that have been traditionally treated with these techniques.

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